Florida HEALTH NOTES

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH
JACKSONVILLE - JANUARY, 1948 - VOL. 40 - No. 1

FOOD HANDLING

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ESTABLISHED 1890

FOOD HANDLING

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Here are the three who are responsible for presenting the Florida Food Handlers' School. They are E. Russell Jackson and Miriam Gibson both of the Division of Health Information, State Board of Health, and E. D. Catts, Florida Hotel Commission. (Photo by RSA).

FOOD HANDLING

By: RUTH STUART ALLEN
Former Press and Radio Consultant
Now With The Miami Herald

Miss Betty Bacteria, an innocent appearing little germ when viewed through a microscope, was summonsed this Fall from lipstick-rimmed cups, thumb-flavored soup and a myriad of other eating fronts to answer the charge of menacing the health and life of Florida's eating-out public.

Prosecuting group is the Florida Food Handlers' School, sponsored by the State Board of Health, Hotel Commission and the Florida Restaurant Association. Scene of the trial at which it is expected to convict "Betty as an accomplice in insanitary food handling and unpleasant eating surroundings," moves from county to county, from city to city and will eventually touch every community in the State.

Miss Bacteria is being tried for her life, but the procedure is educational rather than judicial. The school is presented for waitresses, bus boys, dishwashers, soda dispensers, everybody directly concerned with serving food in a public eating establishment. Its appeal for better sanitary conditions is elementary, and mostly visual. Bad food handling practices consist of a great chain of small sanitary abuses which make for disease and must be corrected if pleasant and safe conditions in commercial eating houses are to prevail.

The school is presented on the premise that Education is Stronger Than the Whip. Participation is voluntary and so far has been gratifying.

Any group of restaurant and hotel dining rooms may ask either of the sponsoring agencies for this short course. It is free. The School, however, is eventually presented to the community through its local health department.

That Florida's eating-out conditions probably are no worse than those of other states is stressed. Yet insanitary food serving practices have become such a universal problem that the 65,000,000 persons who eat out every day have their ire up and are demanding that something be done to correct a condition which imperils both their health and disposition.

In fact, the kickback from an irate public has become so pronounced that restaurant owners are nervously casting about for help to straighten out the unhappy condition.

Although the operator is the fellow who bears the brunt of public opinion through reduced income, he nevertheless seems to have justifiable rebuttal. He points out the hectic strain of the war years, the floating type employee, the difficulty in obtaining trained help, and finally, his inability to maintain his own training program because of "too much to do and too little time to do it in."

With these problems in mind the school, therefore, is presented on the theory that insanitary conditions in many public eating places is often a matter of circumstances. That even the waitress who is careless when handling dishes, sticks her thumb in the soup, picks up glasses around the rims and handles silver by "the business end," does so through habit and without thought of the health hazards such slovenness entails.

That insanitary conditions in eating establishments have reached a saturation over the nation, however, is a foregone conclusion. The bare mention of the treatment and sloppy service accorded customers by waitresses alone, releases the key log of indignation by the eater-outer.

The condition has received wide notice in many national magazines and the Woman's Home Companion brought blood when it said: "Filth in the restaurants of America has reached the proportions of a national plague. It is an unpleasant, even disgusting subject to even write about. Like you, I would rather look away, but that may be the reason why the situation is as bad as it is. We look away at our peril."

The United States Public Health Service solemnly warns that "the amount of disease spread in restaurants is increasing . . . ranging in seriousness from sickness of a few hours to sickness ending in death."

The Food Handlers' School was launched in DeLand and here we see Dr. Roy DeShaw (second from left), chairman of the Chamber of Commerce Public Health Committee presenting a young lady with an identification card which shows she attended every session of the course. Lady to extreme left and man at right are owners and operators. (Photo by RSA).

Dr. Thomas Parran, Surgeon General, U. S. Public Health Service, has appealed to the public for support: "Every American has a real responsibility to see that restaurants in his community observe proper sanitary measures and to support his local health department in enforcing ordinances on restaurant sanitation." A stenographer, reading this, was equally emphatic when she claimed that protests against insanitary food service only tends to "type" one, and are futile. The only response one gets, she declared, is "no service at all"; hence the line of least resistance, because business folks must be served within a given time and cannot afford the risk of an indignant waitress's discrimination.

It is impossible to say how many cases of food poisoning have occurred in Florida during the past year, or during the past five years for that matter. Only a certain type of poisoning has been reportable by private physicians to the State Board of Health since 1945. The picture is incomplete, yet it is known that outbreaks are occurring with too great a frequency.

The U. S. Public Health Service, also faced with inadequate figures on the incidence of food poison, reports 30,000 cases last year, but qualifies the figures by admitting that only about five per cent of the upsets are reported. Thus it is seen that food poisoning caused by insanitary handling conditions is a major problem.

Four out of five communicable diseases enter the body through the mouth and nose. Because of this important disease channel to the public, the school stresses to its enrollees, their tremendous responsibility when serving food to the public. The health of the 65,000,000 people who eat out rests in the hands of the nation's food handlers—waitresses, dishwashers, and cooks in particular.

Their jobs are no small matter; one short cut may mean illness, even the death of hundreds of patrons.

The food handler is a part of a great industry in Florida; an industry with an estimated annual payroll of $125,000,000.00, the largest in the State. More than 11,000 eating houses operate in Florida, with a seating capacity of well over half a million persons. It is big business.

The School moved on to Sanford from DeLand and Dr. Frank Quillman, director, Seminole County Health Department checks the program with members of the Jaycee Public Health Committee who sponsored the course. (Photo by RSA)

Particularly cooperative in publicizing the course was the Sanford Herald. The Lormann Restaurant staff read the good news and make plans to attend the course . . . which they did, one hundred per cent. (Photo by RSA).

Dr. Wilson T. Sowder, State Health Officer, emphasizes that good house keeping in commercial eating establishments is more important than in the home. "The importance of the food handling problem is immense. In fact, only one other problem is more important; the preservation of pure water."

He gives a list of "do and don't" food handling practices which should be observed, if a sanitary level in dealing with food is to be maintained.

Don't: Go on duty with a severe head cold, sore throat or any acute illness.

Dont: Cough or sneeze in your hand; use a clean handkerchief or tissue.

Don't: Report for duty if you have a skin infection or sores. Consult a physician.

Don't: Pick at your face or squeeze a pimple. One tiny blemish contains enough staphylococci germs to kill a blockful of people. Staphylococcus is a germ peculiar to the skin. Regardless of how clean you are, "Stella Staphylococcus," who congregates in clusters like a bunch of lucious grapes, is there just the same. It is when she holds open house in the infected blemish of a careless Food Handler that real and serious harm is in store for the public.

Don't: Leave the toilet room without thoroughly washing your hands with soap and water.

Keep nails cleaned and trimmed. No polish, please. Polish hides dirt and germs have a holiday under its protection.

The story was passed along during the war about a food poisoning outbreak which affected hundreds of soldiers at Camp Blanding. After every sort of kitchen test, the cook was given a thorough going over. There were no apparent blemishes which might contain a sewing circle of the notorious staphylococci germs. Finally staphylococcus was located under his finger nails, and eventually, a sore in his nose solved the problem of where the germs originated. Keep the finger nails clean and unpolished.

Don't work without hairnets, caps or bands. The hair belongs on the head, not in the soup. Don't fondle and pin up hair while on duty.

Don't put fingers in your mouth while working with food. Remember, the mouth is the great receptacle for disease.

Don't taste food from serving or cooking spoons and forks.

Don't wipe your hands on uniform or aprons. Use a clean towel.

Don't work in street clothes when handling food.

Don't touch the rim or inside of glasses and cups. You might just as well stick your finger in the water or coffee after the container is filled.

Don't handle silver by the eating or "business end."

Don't fail to keep your food handlers' card in force.

Wear low-heeled shoes. Keep stocking steams straight.

Don't wear a pencil in your hair. Carry it in your pocket.

Don't pick up butter with the fingers. Use a fork.

Don't wear gaudy costume jewelry.

All these are basic and elementary, you say. We admit they are. We also recognize that they are the practices which constitute the current rebellion on the part of the eating-out public, and in turn the demand for cleaner habits and more courteous treatment on the part of the food handler.

Another point which is stressed in the course, is that the food handlers' good health is just as much endangered by the customer, as the latter's health may be jeopardized by the handler. "We want to impress upon the food handler the importance of protecting her/his own health against possible infection carried by the patron," emphasized the school's instructor. Heeding the above "gospel" will do just that.

In a majority of instances, food handlers who have finished the school say frankly that "We didn't actually learn a *great deal.* Its just that we had *forgotten* so much. This school helped me realize the depth to which we have succumbed to bad food handling habits. At first, because we were in a hurry, and then gradually, because the short cut seemed easier. This has been a refresher and believe us, we were shocked as we saw our own pictures portrayed on the screen. This has really been a LESSON and we expect to benefit from it."

The material of the school is primarily visual. Slides, posters and movies are used to make the point. The following subjects are presented:

Bacteriology. Both good and harmful germs, particularly the harmful ones most frequently encountered in food handling

Miss Anna M. Tracy, head dietitian, Florida State University, has a spirited exchange of ideas with Joe Clemmons (right), and the Florida Restaurant Association's education chairman, George English, Orlando. (Photo by RSA).

When the recently launched department of Hotel and Restaurant Management at the Florida State University presented a two-day workshop for restaurant owners, the Food Handlers' School personnel was invited to participate. Here we see representatives from three important groups which are making every effort to raise the sanitary standard of eating establishments. Left is Miss Lucille McMullen, Florida State University; David B. Lee, Chief Sanitary Engineer, State Board of Health; Joseph Clemmons, president, Florida Restaurant Association, Miami; E. Russell Jackson, Instructor for the School, State Board of Health, and Miss Helen Underwood, in charge of the University's new Hotel and Restaurant Management School (Photo by RSA).

are dramatized. What they look like under a microscope, how they affect YOU and how they can be controlled is presented in an amusing and elementary manner. They become personalized and each food handler leaves the school with each germ having definite associations.

Communicable diseases: How they are passed on (four out of five enter the body through the mouth and nose) by insanitary food which in turn is caused through negligence and dirty food handling habits.

Rats and insects. Both are carriers of disease and call for good housekeeping in the restaurant kitchen. Also, they not only spread disease, but destroy millions of dollars worth of food every year. Keep food receptacles covered and off the floor.

Dishwashing. Here is a subject which the average client thinks little or nothing about. He doesn't see the bacterial soup in which dishes may be dunked behind the kitchen door, so it is too often a matter of "out of sight, out of mind."

Dishes, however, play a great and important role in the food handling problem. For instance, not over one hundred bacteria are allowed for each properly washed and sanitized dish. Yet, dozens of freshly washed plates, bowls, cups and glasses in a well-known Florida hotel dining room tested by the U. S. Public Health Service mobile laboratory on its last trip here, showed so many bacteria on the supposedly clean dishes, that it was impossible to count the "bugs." They were piled on top of each other like great blurbs of wiggling garbage. Under the microscope they looked like the marching army they were—of disease and death.

Dishes must be washed in hot soapy water of around 115° F. to 120° F. and rinsed in water with a temperature of not less than 170° F.; then dipped into a solution of not less than fifty parts per million of chlorine. That is the reason for the three compartment sink recommended so highly for every commercial kitchen which does not have a mechanical dishwasher. No drying with a cloth, please. Cloths, when used over and over become soppy with germs which are passed on to clean dishes. Dishes, when immersed in 170° F. to 180° F. hot water will dry almost instantly when they hit the air.

The following pictures were made in fun but they show serious food handling habits we see every day. They were made at the Reese Coffee Shop, DeLand. That old left thumb will just sneak into the soup. The right is disciplined, however, and stays where it belongs. (Photo by RSA).

"Three Fingered Annie" on the left is having fun showing HOW NOT to handle clean glasses. Waitress on right shows proper and sanitary way of carrying glasses either empty or full. (Photo by RSA).

Don't smoke while on duty . . . and keep your thumb off the end of the cigarette you put in your mouth. (That's a good tip whether you're a food handler or a housewife). (Photo by RSA).

Next on the roster is food handling. This covers the proper handling of dishes, clean serving practices and a general roundup of preceding subjects.

An entire period is devoted to personal hygiene, conduct, and courteous treatment of the client.

Cockroaches go hand in hand with rats. They, too, are notorius carriers of disease. Here again is where good housekeeping in the commercial plant comes in.

And finally, food poisoning. How you get it. Where it comes from. What causes it . . . how it can and must be prevented.

When the course is finished and graduation time rolls around, all owners or managers with a personnel attendance of 75 per cent or more are awarded certificates. You will find them tacked on the eating house walls in no time flat. Also, each individual handler who completes the three sessions is given a bill-fold-identification card indicating that she/he has attended the entire course.

The school consists of three lessons, and each is repeated as many times as is felt necessary at the organizational meeting to which all operators are invited. At this meeting they are given a preview of the materials which will be presented in the course. The hours are agreed upon (usually from 9-11 and 2-4) and the promotional work is placed in the hands of the local health department and the local sponsoring group.

In DeLand and Perry, the Chambers of Commerce were responsible for the promotion, while the Jaycees carried the ball in Sanford. The School is scheduled for January in Polk County, and as this goes to press, we do not know the sponsoring groups in the four or five cities for which it is booked.

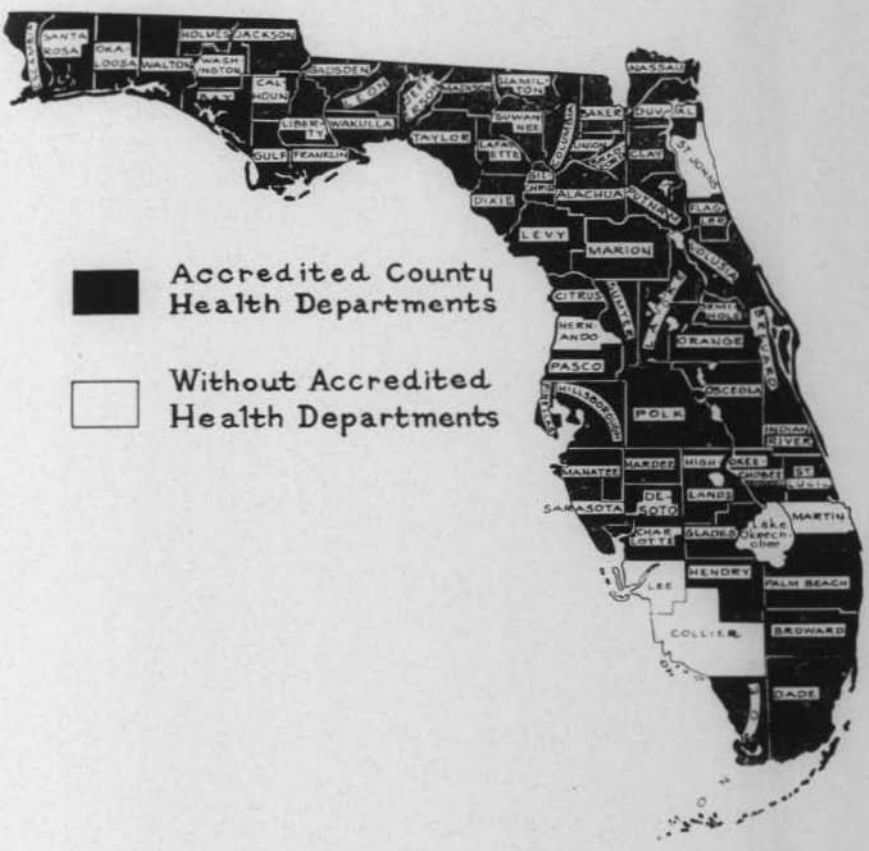
As we said above, any group may request this school, but the final word and arrangements rest with the work schedule of the local health department. Local sanitation personnel helps with the promotion of the course, and then participates as though it were an in-service-training program. It is hoped that local health departments may eventually have sufficient sanitation and health education personnel to hold their own food handling schools. In which case, refresher course may be presented two or three times a year. This is the goal. In the meantime, the school, which is just now gaining momentum, will move on and on until every County in Florida will have enjoyed its benefits.

"No, no." says the girl on the right. Don't stack cups and saucers on top of one another . . . the coffee just washes off the bottom of the saucer, and you don't want that, do you? (Photo by RSA).

Here is the right and wrong way to handle silver. Girl on right has silver wrapped in napkin (the right way), while the girl on left handles the business end of the silver.... She might as well put her finger in your food. (Photo by RSA).

Focus of this picture is suppsed to be on the hair. . . . Please note that both girls are wearing hair nets. That is as it should be. The hair should be on the head and not in the soup. Wearing a net is the only sure way of keeping it there—on the head. (Photo by RSA).

STATE OF FLORIDA



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VENEREAL DISEASE CONTROL

The State Board of Health

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Florida HEALTH NOTES

ESTABLISHED 1890

Venereal Disease Control In Florida

With the development of penicillin for rapid venereal disease treatment, we now have the means at our disposal to render non-infectious virtually every case of syphilis and gonorrhea that can be brought to treatment. With the discovery of streptomycin as an effective antibiotic agent in the treatment of granuloma inguinale, we likewise have at our disposal a therapeutic agent which now renders this disease non-infectious and effects a cure in a very short time. Modern science, therefore, has made it possible to arrest syphilis in as few as ten days. This is important for the victim, but it means also that he or she can't spread the disease to anyone else. THAT'S IMPORTANT TO SOCIETY. A victim of gonorrhea can be cured in as few as four hours and is also rendered non-infectious at the same time. Patients with granuloma inguinale frequently have progressive lesions for many years, but with streptomycin it is now possible to render them non-infectious in five days' time and effect a permanent cure.

The Rapid Treatment Center at Melbourne is the chief bulwark in the venereal disease control program in Florida. 5529 patients were treated there in 1947. Equally important, though, are the case finding activities carried on by private physicians and county health departments. There is only one way people can catch venereal diseases—that is by intimate contact with someone who has a venereal disease in an infectious stage. Unless those who have a venereal disease are rendered non-infectious immediately, venereal diseases will continue to spread.

The important role the Rapid Treatment Center plays in the control program immediately becomes apparent to anyone who makes an official visit to the Center at Melbourne for two or three days. Ruth Stuart Allen made such a visit and her observations are noted in the following pages.

In this issue will likewise be found statistical tables covering the venereal disease control program for 1947.

R. F. Sondag, M.D.
Director, Bureau of Preventable Diseases

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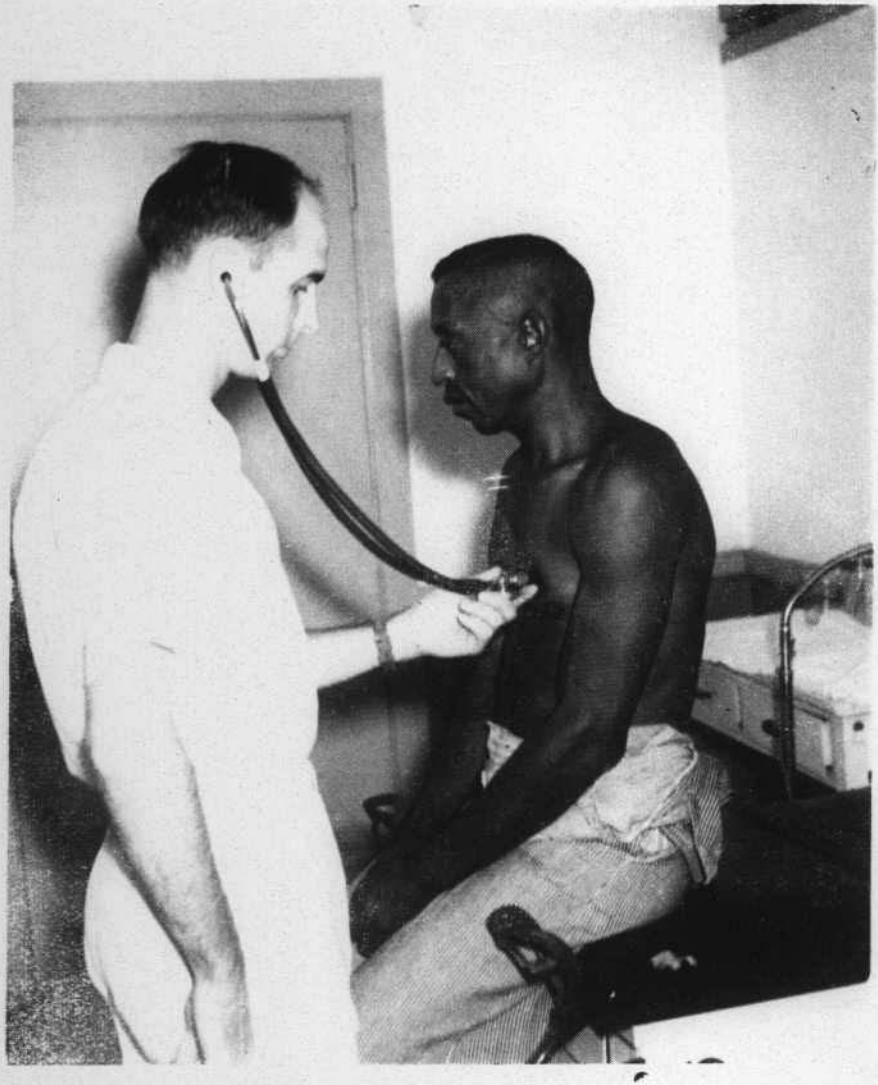


Upon entering the Rapid Treatment Center at Melbourne, each patient is given a thorough physical examination, and here, Dr. James E. Fender of the hospital staff is in the process of checking a patient. (Photo by RSA)

A Visit to the Rapid Treatment Center

By: Ruth Stuart Allen*

Education, stronger than the whip and more corrective than all the jail sentences in the world, is as important to the progress of the State Board of Health's Rapid Treatment Center program as its store of penicillin.

For syphilis, The Killer, treated at the Rapid Treatment Center (the former navy hospital at Melbourne), isn't caught through a sneeze or casual insanitary surroundings, but rather through the intimate contact of individuals. Education, therefore, plays an important role in the prevention of re-infection.

Patients usually arrive at the Rapid Treatment Center with the idea that they have "the pox," "siff," or "bad blood," but leave with an understanding of what HAS been wrong with them and why! "Syphilis" is a new word and they use it often in conversation.

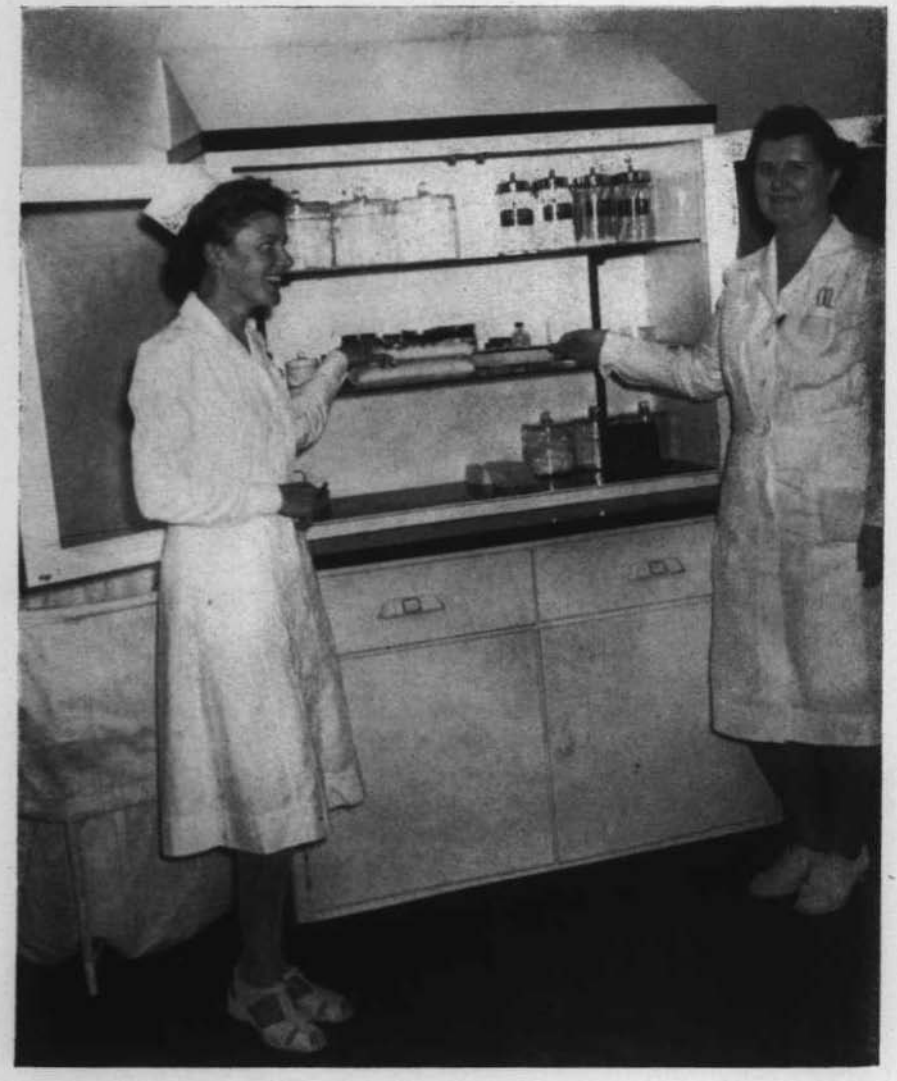
Because of the movies they've seen, the lectures they've heard and the quizzes they've participated in while at the Center, they now tell you that syphilis causes insanity, blindness and heart disease; that it causes miscarriages, dead babies, crippled and sickly children and idiots.

When they arrive, the Center usually means "punishment for my sins." They seldom associate the center with their illnes but rather with fire and brimstone. When they leave, however, it has taken on an entirely new meaning. It signifies freedom from pain, "feelin' just fine again," and that certain importance one enjoys after learning something "new" or the recollection of a stirring experience. The vision of confinement and painful treatment is replaced by the memory of considerate nurses and sympathetic doctors. "I'm going to tell my friends it ain't like we thought at all," many declare. "Those folks don't condemn us for having syphilis. To them, we just have a disease that has to be cured. They seem real sorry for us and sure try hard to get us cured.

Yes, education is stronger than the whip.

We know from the U. S. Public Health Service that 250,000 people in the United States contact syphilis each year. Only 95,000 of these are reported as found and treated in the primary and secondary stages of the disease—the period when the in-

* Formerly acting director, Division of Health Information.



Shown in front of one of the well-stocked supply cabinets in the hospital are two members of the staff: Left is Mrs. Thelma DiPasca, registered nurse, and Miss Ruth Clifton, superintendent of supplies. (Photo by RSA)

fection is most likely to be transmitted to other people. The other 155,000 people are neither found nor treated while in the early infectious stages. Those who later die of complications—those whose entire nervous systems are damaged—those whose blood vessels and hearts are attacked—those who become blind—those whose babies are born dead or with congenital syphilis COME MAINLY FROM THE RANKS OF THIS UNDISCOVERED ARMY OF THE INFECTED WHO FAIL TO GET EARLY TREATMENT. The picture is essentially the same in Florida, and during 1947, 16,653 new cases were reported in the State. Of these newly reported cases only 4,364 were in the primary and secondary stages. The balance of the total cases reported for the first time in Florida represents those with syphilis who were discovered for the first time as having the disease but who failed to obtain early adequate treatment when the disease was in the early infectious stage. This means merely that many persons have syphilis for years before it undermines a vital organ, and when this takes place the individuals come under medical observation for the first time.

This then, is the formidable foe which the Rapid Treatment Center fights day and night. The Center itself is the end of the road; the final goal for the case finding program pushed in every county health department and by practicing physicians in Florida.

All venereal diseases are treated at the Rapid Treatment Center, but major emphasis is placed on syphilis. Almost all cases of gonorrhea are treated in local health units and by private physicians. With the development of newer drugs such as streptomycin, some of the other venereal diseases are effectively treated at Melbourne.

While the Rapid Treatment Center fights to cure syphilis, a great network of case finding is threading its way over Florida. Local health department clinics and public health nurses are burning the midnight oil. The premarital and prenatal laws and health card examinations are revealing hundreds of cases of syphilis every year. Field investigators and public health nurses relentlessly pursue "contacts" over the State. When new cases are reported to the health department a trained interviewer obtains the names of the contacts the patients have had. He/she may name one or two but in many instances the numbers are discouragingly high.

The contacts (persons with whom the patient has intimate relations) are immediately brought to the local clinic for blood tests. Did she infect him or did he infect her? What other contacts have these individuals had?) It is not unusual for the

Ready for the days work are these three registered nurses: left to right, Rebecca Thompson, Benes Brands and Opal McClellan. (Photo by RSA)

original patient and three or four of his/her contacts to be at the center at the same time. Thus a vicious chain is broken and the Killer's progress curtailed.

Syphilis is most infectious in the primary and secondary stages. A rash, lesion or tiny sore appearing in the early stages may go unnoticed and finally disappear without treatment. That is why it is so important to reach the contacts immediately after they are reported; to cure the disease before it affects other vital organs, and to keep them from infecting others. Without treatment the disease eventually moves into the non-infectious bracket and it may be ten years before it is rediscovered—if ever. It is in this dormant stage that syphilis settles in a vital organ—with the individual eventually dying from a diagnosed "heart trouble" or a myriad of other critical ailments because the disease has destroyed a particular organ.

Or, they may develop various forms of insanity. Ten to fifteen per cent of the patients admitted to the State Hospital at Chattahoochee are there because late or advanced syphilis has attacked their nervous system. Many families know only that "Uncle Willie or Aunt Minnie went crazy and died in the asylum."

Too much stress cannot be put upon the importance of finding early syphilis. It is encouraging too that about one half of the patients admitted to the Center have syphilis in the infectious stage. It is only through curtailing the disease while in the infectious stages and therefore preventing its being passed on to innocent persons—a wife perhaps—that syphilis can be stamped out. The case finding machinery of the State Board of Health is aimed in that direction.

I saw her first as she stood at the bottom of the steps leading into the Rapid Treatment Center at Melbourne. She had just left the State Board of Health's bus which had brought her from her home town. She stood, hesitating, one foot on the step, her face lifted to mine. Daggers of bright light, confusion and hate flashed from her blue eyes. She hadn't seen me before, but suddenly I was a part of the great pattern of wrong which had enveloped her world. At that second her confusion and resentment centered on me. Hate covered her like a tent. I smiled but her expression never faltered.

She was tastefully dressed. Her hair was controlled under a Kelly-green turban. Her shoes were well cared for. She might have been your daughter or sister. She might have been the mother of little Johnny who plays with your Mary in the park. She might have served with you on the church dinner committee.

One of the important divisions of the hospital is the laboratory for it is here that tests are made to determine a patient's disease. After treatment, further tests are made to show if the treatment was successful. Pictured are Charlene Hazen and Edward C. Hazen, laboratory technicians. (Photo by RSA)

The time she stood on the step, however, was fleeting. She was pushed up and on by laughing, sober, frightened bus mates and was swallowed by the admittance routine. She passed from my sight but in my mind her expression of "Lost! Lost!" stayed with me. The set of her chin was before me at dinner, in the the shower and at my work. A week later I returned to the Center and immediately asked about her.

She was pointed out to me in the sewing room where she was mending linen. She recognized me at once. But her smile of recognition, however, I would not have known her for the same woman. It was her eyes. They had lost their confusion and hate. Here was a woman still struggling with the realization of betrayal on the part of her husband and her own infection as a result, but who nevertheless was adjusting to the circumstances. And she, like thousands of others, finally forgave and went back home to carry on—because of the children.

"I'll never forget the kindness and understanding the staff has shown me. They've helped me to erase the awful word "disgrace" from my mind. They've shown me that I'm only one of the thousands of *innocent* men and women who have syphilis."

What about the routine into which she was swallowed the first day I saw her? Of what does it consist? What is the picture of the whole stay at the Rapid Treatment Center at Melbourne? Are they treated as outcasts and "bad" people? Is the medical treatment severe? What really goes on behind the walls of the sprawling hospital with its hundreds of patients moving here and there? How do they pass the time? What freedom are they allowed?

Let's take a jaunt through the Center and touch on the high spots of the average nine day stay.

First, there is the record taking and assignment of linen and beds. Then comes a hot sudsy bath for every new comer. Next is the blood test which is sent straight to the hospital's laboratory. The laboratory is one of the most valued parts of the hospital. Being able to run tests on the ground saves at last twelve hours over sending them to the central laboratory in Jacksonville. Hence, the diagnosis is checked and the patient's treatment is expedited.

As we look at the record of the average case we are impressed with the streamlining the treatment has taken. Three short years ago seventy-two weeks were required to cure syphilis. It was a long drawn out affair. Some patients moved and had to be "run down." Others, discouraged with the long trek to the clinic every week, along with "them hip shots," simply disappeared. It was a difficult job to take on patients through

Recreation is an integral part of the daily routine of hospital life, and here a group of patients take advantage of their leisure time to play ball. (Photo by RSA)

seventy-two weeks of treatment. The greatest gratification with this treatment was that patients were at least rendered non-infectious, if not cured.

And then came the wonder drug, penicillin. But there were drawbacks with the recommended two hour treatment. Nurses and doctors didn't have time for anything else. There was a continuous line standing in the hall. By the time the last patient was finished it was time for the first again.

This hampered the staff and also built up a resistance on the part of the patient. The idea of a hip injection every two hours the clock around created a "bugaboo" and nervous tension.

With medical progress, however, and the development of penicillin requiring only one injection per day, the requirements for adequate treatment are complete with seventeen injections during a nine day stay. Some days there are three but mostly there are only one or two injections. This allows plenty of time for the patient to go about his assigned duties at the hospital, write letters, participate in softball games and other planned recreation. *Paramount, however, is the time*

"Patients dismissed as cured," is the title of this picture showing discharged patients ready to board the bus for home. (Photo by RSA)

spent reading the illustrated literature on syphilis, listening to lectures and seeing movies which leave nothing to the imagination about what syphilis does to the body.

All patients have duties around the hospital unless excused by the medical officer. Some work in the dispensary, in the kitchen, in the sewing room, and others in the linen room where uniforms and linen are checked carefully before sending to the local laundry. (Every patient wears a uniform while at the center. This saves bringing a large supply of clothing to the Center and also simplifies the laundry problem.) The men help keep the grounds spic and span and every patient of course, is responsible for the maintenance of his bed and surroundings. Many colored patients ask to stay on as paid workers at the Center, and one such was running an electric mower as I crossed the lawn.

Their work is reported efficient and dependable. In fact, Center authorities declare that with its limited staff it would be virtually impossible to keep the hospital moving without the help of the patients. They like to keep busy. Work kills

Taking life easy until time for their next treatment is this group of women patients, deeply engrossed in magazines furnished by the hospital. Photo by RSA)

time. Most of them also learn quickly and are on the alert with every sort of question. They feel a certain importance at being needed. There is a continuous rivalry among them to see who does the best work, in the quickest time. Aside from all this, there is a psychological point in keeping them busy.

One quickly notices that the colored women's ward is neater than the white women's and that the white men's section is the cleanest of all. In fact the white men are generally pretty high type patients. They are cheerful and cooperative as a rule. Their only complaint was "the coffee is too cold!"

A railroad conductor said he had sent the Thanksgiving menu home so his wife would be reassured that he was having a proper holiday dinner.

A carnival concession man explained in slow and "ten cent" terms a show trick to a "turpentiner" youth. A bus boy discussed food handling sanitation with a driver of a big truck transport, while a chap of about twenty-five sat sullenly alone in a corner . . . gazing into space. A lively game of cards progressed in another corner.

Every type, color and creed passes through "Melbourne." A woman artist, for instance, who arrived for treatment on her own initiative, spent most of her time doing illustrations for the children as well as little decorations here and there over the buildings which brightened up the place materially.

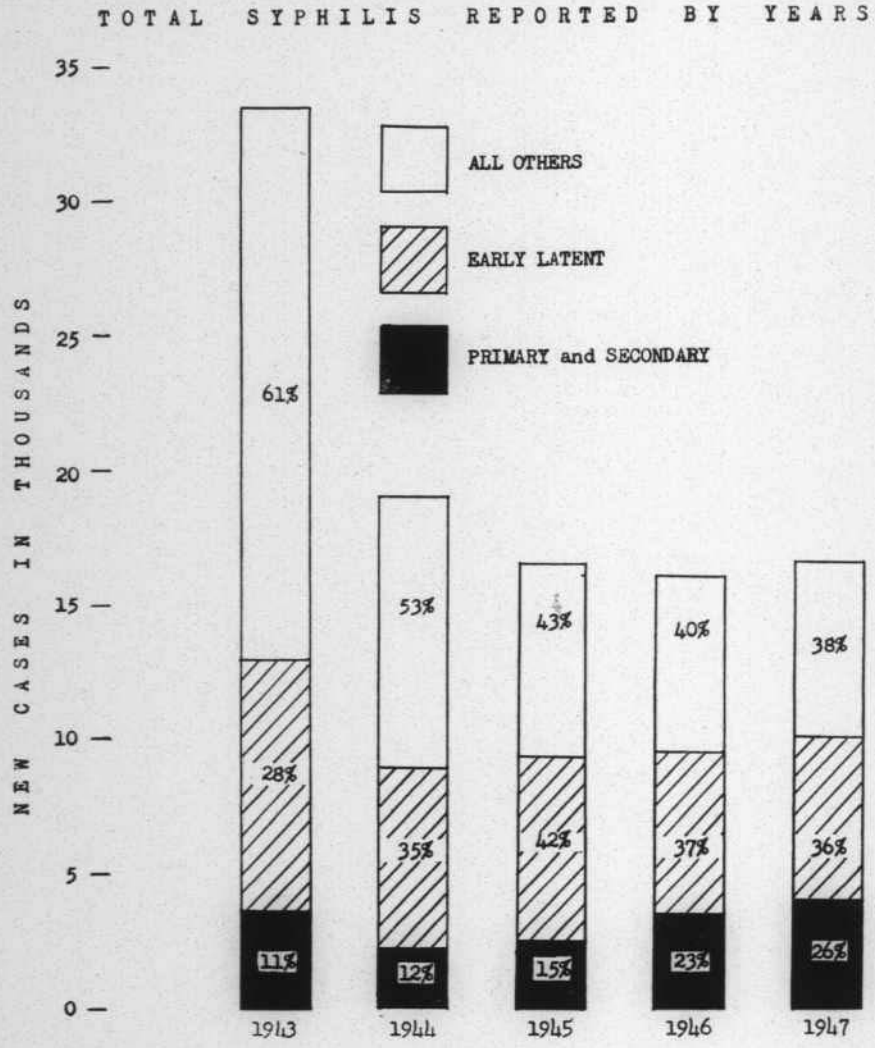
And speaking of children, many come and go at the Center. In some cases, mothers don't have anybody with whom to leave their two or three toddlers at home, so they are allowed to bring them along. Some receive treatment for congenital syphilis, but mostly they just play around until their mothers are discharged. Some babies are born at the Center where a complete obstetrical room is maintained. The happy thing about babies born of syphilitic mothers is that they are perfectly normal, provided the mother had adequate penicillin therapy during pregnancy. This is where the prenatal law is playing such a big role in finding syphilis. Every expectant mother whether cared for by a midwife or a private physician must have a blood test. If it is positive, the mother must have adequate treatment to prevent syphilis in the newborn infant.

Although often left unsaid, one feels the great restrained flood of thanks when virtually every patient leaves the Center. Particularly do the colored women send cards of thanks to the medical staff.

Like for instance, the little old woman who arrived, indignantly demanding why she had been brought there. "I've been a respectable married woman for fifty years. I ain't done nothin' wrong." Whatever her interpretation of "wrong" which was different from most (since many feel that they reached the

Center through "sin"), the old lady finally became pacified and was a model patient. It was she, too, who arrived with a gallon jug of blackberry wine. She declared it was her medicine. She had to have it before each meal, otherwise she'd "git bloated." The medical officer obliged, and although the jug was confiscated a jigger of wine was served to her before each dinner and supper. After she returned home she sent a card to end all cards. Mr. Woolworth was hard put to supply a message that expressed Lizzie's feelings about her stay at the Center.

And then there was a wizened old woman who had so many ailments that syphilis was incidental—and who had difficultly remembering whether she was from Fort Pierce or Fort Myers.



Another, rolling her big eyes, declared "Iffen the Lord will only let me out of here I'll never lag on the way to church again." All these and many, many others have "said it with cards," in an effort to express their thanks for good treatment at the center.

And so goes the panorama at the State Board of Health's Rapid Treatment Center at Melbourne. Every color and creed passes through its doors. Some return. But by and large the messages they carry with them as they climb aboard the bus to return to their homes, is one of understanding, minus fear.

Venereal disease control authorities are sure of one thing; that education is slowly but surely taking effect. Field investigators report that the attitude of the ex-patients is "very good," and the reduction of readmissions is telling its story, too.

Verily, education is stronger than the whip.

STATE OF FLORIDA

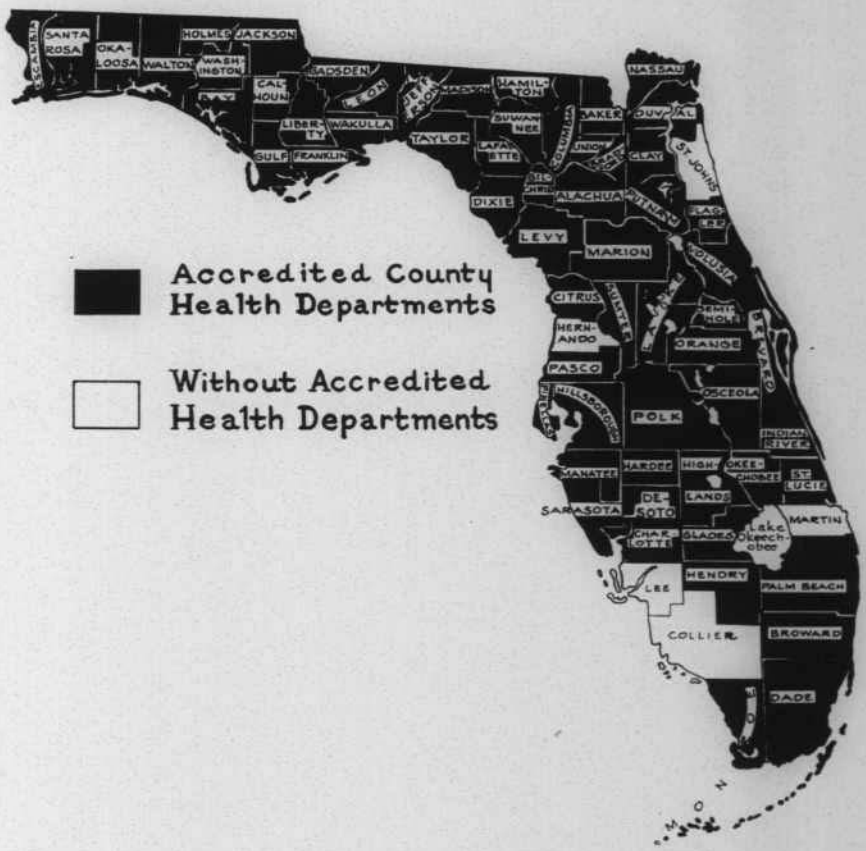


TABLE 1.—NUMBER OF CASES OF SYPHILIS AND GONORRHEA REPORTED BY COUNTY—FLORIDA, 1947

County	Syphilis	Gonorrhea	County	Syphilis	Gonorrhea
Alachua	350	276	Lafayette	13	1
Baker	34	47	Lake	332	186
Bay	284	639	Lee	180	29
Bradford	54	107	Leon	748	929
Brevard	178	12	Levy	91	40
Broward	518	267	Liberty	15	1
Calhoun	41	10	Madison	83	40
Charlotte	12	1	Manatee	129	196
Citrus	33	5	Marion	253	622
Clay	73	53	Martin	48	1
Collier	22	15	Monroe	50	388
Columbia	114	54	Nassau	57	35
Dade	1,698	3,757	Okaloosa	60	20
DeSoto	80	51	Okeechobee	24	21
Dixie	7	2	Orange	810	464
Duval	2,588	3,699	Osceola	58	5
Naval Air Base	3	38	Palm Beach	1,067	494
Escambia	646	1,773	Pasco	77	7
Flagler	57	54	Pinellas	447	598
Franklin	38	49	Polk	667	307
Gadsden Ex.	221	313	Putnam	195	85
State Hospital	88	1	Saint Johns	108	70
Gilchrist	12	1	Saint Lucie	246	244
Glades	23	5	Santa Rosa	16	33
Gulf	73	2	Sarasota	109	102
Hamilton	37	6	Seminole	284	244
Hardee	15	2	Sumter	72	42
Hendry	47	26	Suwannee	193	52
Hernando	36	0	Taylor	18	3
Highlands	141	95	Union Ex.	24	10
Hillsborough	1,743	2,774	State Prison	189	0
Holmes	30	10	Volusia	382	551
Indian River	91	34	Wakulla	22	17
Jackson	78	24	Walton	34	8
Jefferson	33	94	Washington	54	19
			TOTAL	16,653	20,160

(Out of State Cases Excluded)

TABLE 3.—NUMBER OF VENEREAL DISEASE CASES REPORTED IN FLORIDA—BY DISEASE AND YEAR—1943-1947

Year	Syphilis	Gonorrhea	Chancroid	Granuloma Inguinale	Lymphopathia Venereum
1943	33,540	16,925	844	251	254
1944	19,087	14,351	535	217	248
1945	16,546	18,088	722	244	197
1946	16,067	18,548	818	257	176
1947	16,653	20,160	745	271	216

(Out of State Cases Excluded)

This is YOUR *State Board of Health*

Comprising the governing body of the Florida State Board of Health are these five men: front row, left to right, Dr. Robert McIver, Jacksonville, Dr. Herbert L. Bryans, Pensacola, president, Mr. William Parr, Tampa. Second row: Dr. Mark Boyd, Tallahassee and Dr. J. Ernest Edwards, Miami. (Photo by RSA)

Venereal Disease Continues to Cast Its Shadow on Florida

Florida HEALTH NOTES

UBLISHED BY THE FLORIDA STATE BOARD OF HEALTH
ACKSONVILLE - MARCH, 1948 - VOL. 40 - No. 3

INDUSTRIAL HYGIENE

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Dade	Miami
De Soto	Arcadia
Dixie	Cross City
Duval	Jacksonville
Escambia	Pensacola
Flagler	Bunnell
Franklin	Apalachicola
Gadsden	Quincy
Gilchrist	Trenton
Glades	Moore Haven
Gulf	Port St. Joe
Hamilton	Jasper
Hardee	Wauchula
Hendry	La Belle
Highlands	Sebring
Hillsborough	Tampa
Holmes	Bonifay
Indian River	Vero Beach
Jackson	Marianna
Jefferson	Monticello
Lafayette	Mayo
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Liberty	Bristol
Madison	Madison
Manatee	Bradenton
Marion	Ocala
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Okeechobee	Okeechobee
Orange	Orlando
Osceola	Kissimmee
Palm Beach	West Palm Beach
Pasco	Dade City
Pinellas	Clearwater
Polk	Bartow
Putnam	Palatka
Santa Rosa	Milton
Sarasota	Sarasota
St. Lucie	Ft. Pierce
Seminole	Sanford
Sumter	Bushnell
Suwannee	Live Oak
Taylor	Perry
Union	Lake Butler
Volusia	DeLand
Wakulla	Crawfordville
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Florida HEALTH NOTES

ESTABLISHED 1890

INDUSTRIAL HYGIENE

Industrial Hygiene is a specialized branch of public health work designed to protect the health of one special group; namely, working men and working women against hazards present in certain industrial environments. Industrial Hygiene covers a special adult group with respect to certain ailments not otherwise dealt with by the health department. It carries the gospel of public health into the factories for the benefit of this large group of people who can our fruit, make our storage batteries, furniture, cigars, fertilizer, and all the other thousand and one things required by modern civilization. These people minister to our needs; through taxes they provide much of the money that carries on public health work. It is only fair that public health officials should give some consideration to the health of our industrial employees.

John M. McDonald, M.D., Director
Division of Industrial Hygiene.

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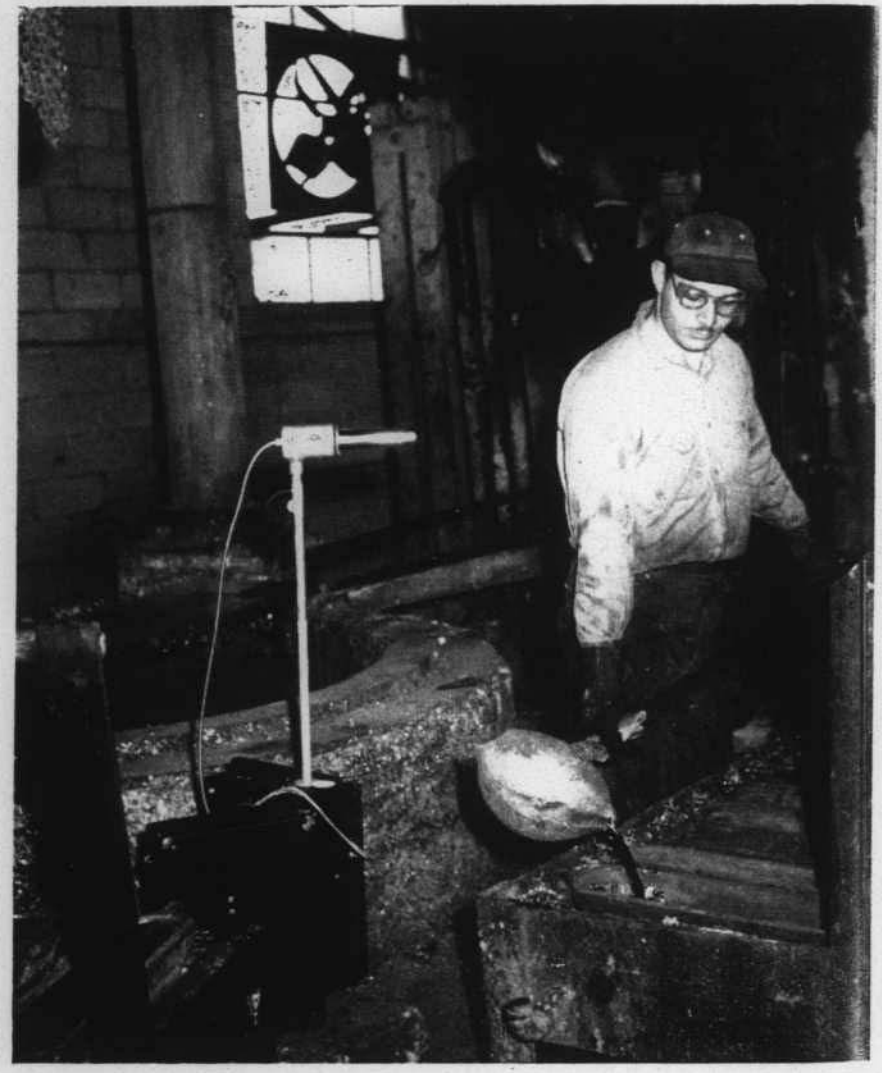


This man is taking melted lead from the pot in the background and pouring it into a mold. At this job enough lead dust or fumes may get into the air to cause injury to health when that air is breathed. In order to find out whether the amount of lead in the air is dangerous, samples of it are being taken in the instrument—called an electrostatic precipitator—which is mounted on the black box beside the pot.

What Is Industrial Hygiene?

Industrial Hygiene is the care of the health of industrial employees, especially by the control and prevention of those ailments known as occupational diseases. A disease is occupational when it is caused by some substance or condition in the working environment. Some examples might be:

(1) **a citrus sectionizer,** the skin of whose hands is irritated by citrus juice;

(2) **a paste mixer** in a storage battery plant who absorbs enough lead dust to cause lead poisoning;

(3) **a telephone linesman** who acquires ivy poisoning while laying a line in an area infested with poison ivy;

(4) **a laborer** whose skin is irritated by handling cement;

(5) **a fireman** who gets a heat stroke while working in high temperatures;

(6) **an insecticide worker** exposed to arsenic compounds by which means he suffers arsenical poisoning;

(7) **a plumber** working under a house and thereby being infected with creeping eruption (larva migrans).

These and many others might be cited as examples of occupational diseases. It is the job of industrial hygiene to study all these diseases and to devise ways and means for their control and prevention.

What Occupational Diseases Are Found in Florida

Skin Diseases—By far the commonest occupational diseases are the different forms of skin irritation caused by contact with materials encountered in industry. This irritation is called industrial dermatitis or occupational dermatitis. It varies in severity all the way from a little redness of the skin up to destruction of large areas of the skin and development of deep ulcerations. Usually it is very itchy, often it is severe enough to keep the patient from working. That costs industry money for compensation, for treatment, and for training replacement personnel. To the patient, industrial skin disease means a certain amount of discomfort and suffering, and also the loss of part of his wages. Everybody loses and nobody gains. For all these reasons, prevention is well worth while. If we could prevent all industrial skin disease in the State of Florida, we could reduce the incidence of occupational diseases by two-thirds.

Welder's Flash—The next most common occupational disease in Florida is the injury commonly called welder's flash. Most arc welders are well protected by helmets and dark glasses, but careless helpers and other people working or standing nearby may look at the welder's flame without any protection. Some hours later their eyes feel as if they were full of sand. They sting and pain. Bright light hurts them. The tears flow freely and the patient is unfit for work, maybe for hours, maybe for days. Prevention is comparatively easy but it needs careful supervision.

Metals—Metals are next in importance. Lead causes several cases of poisoning each year in the State. The danger is present particularly where lead occurs as a dust or fume, as in making storage batteries or lead paints, or in reclaiming lead from junk. From experience we know that the way in which most people get lead poisoning is by breathing in lead dust and fumes. Lead poisoning usually causes several weeks of lost time.

Again the electrostatic precipitator is being used to sample the air in a dirty job. The colored man at the extreme right is using a hoe to scrape slag off the molten lead in the furnace. Note the smoke and dust from the falling slag. This is another job where there is a possible danger to exposed employees.

Opinions vary as to whether or not it causes permanent damage. In any case, prevention of lead poisoning is a worthwhile activity.

Zinc causes a peculiar disease known as metal fume fever. If the fresh fumes of burning zinc are inhaled in quantity as sometimes happens to welders working on galvanized pipe, the illness resembles an attack of influenza with chills and fever. Usually it lasts only a few hours and does not cause lasting disability. Other metals may cause similar illnesses but the only important one is cadmium which though much more poisonous than zinc, is only rarely encountered.

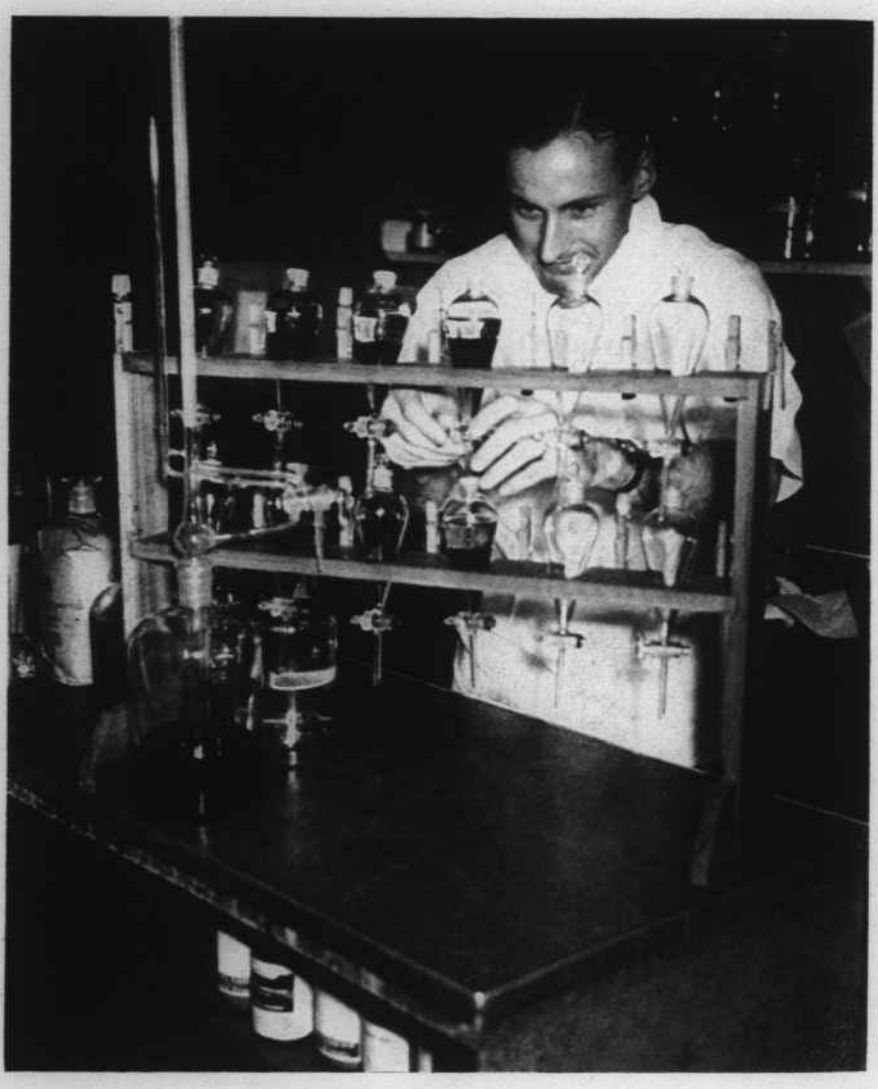
Gases—Various gases are produced in industrial processes which may cause injuries to health. Probably the best example is carbon monoxide which is produced by the operation of gasoline engines. Another example might be hydrogen sulfide which was the cause of three deaths recently in a well sunk in the muck of the Everglades. Other gases may cause irritation of the respiratory tract.

Solvents—Certain of the so-called solvents are also poisonous in sufficient concentrations. This group includes carbon tetrachloride which is a good dry cleaner. At the same time it resembles chloroform chemically, is an anaesthetic, and is especially poisonous to the liver.

Heat and Humidity—Physical conditions such as excess heat and humidity may likewise be hazardous to health. The commonest results of exposure to these conditions is a heat stroke or some other form of heat sickness.

While the above does not cover all of the hazardous possibilities present in Florida industry, it gives some idea of the wide diversity of potentially toxic substances against which the health of the industrial employee must be protected. For the reader who is interested in more detailed information regarding occupational disease claims, there is a table at the end of this publication.

Skimming the dross off a lead melting pot is another dusty job. Here the worker is adequately protected from lead dust and fumes with an approved respirator on his face. For safety he is wearing goggles, gloves, fireproof leggings, and safety shoes. The electrostatic precipitator is drawing samples of air at the level of the worker's nose. Note the clean floor, orderly pile of lead castings and general good housekeeping.



With this apparatus Chemist W. E. McDonald is separating the lead from the other elements in a sample of blood. The amount of lead in the blood of a person sick from lead poisoning is so small that it is necessary for the chemist to use this very sensitive means for its detection. The minute amounts of most metal found in the air and in urine also can be determined by this process.

Occupational Disease Control and Prevention

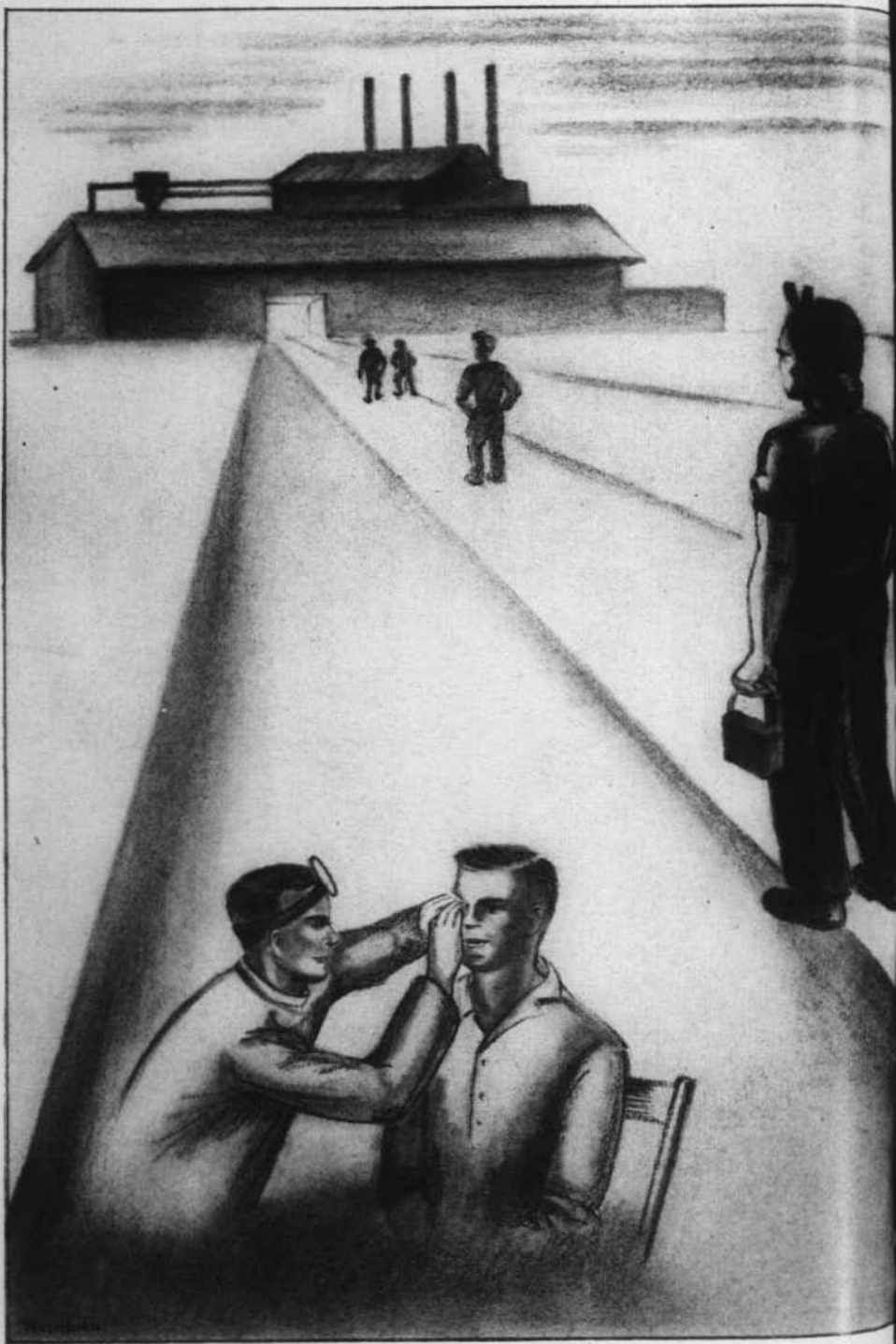
Prevention of occupational diseases usually requires the combined services of doctors, engineers, and chemists and may also require help from dentistry, radiology, or bacteriology.

Medical—One of the aims in prevention is the improvement of the medical services available in each plant. Where numbers justify it, a full-time physician is recommended, together with one or more graduate nurses. In smaller plants a nursing staff and a part-time doctor may render satisfactory service. In still smaller plants the most practical procedure is to have a nurse, either full or part time. Even in the smallest plants there should be at least one person who has received training in First Aid under the supervision of the American Red Cross, or some other approved agency.

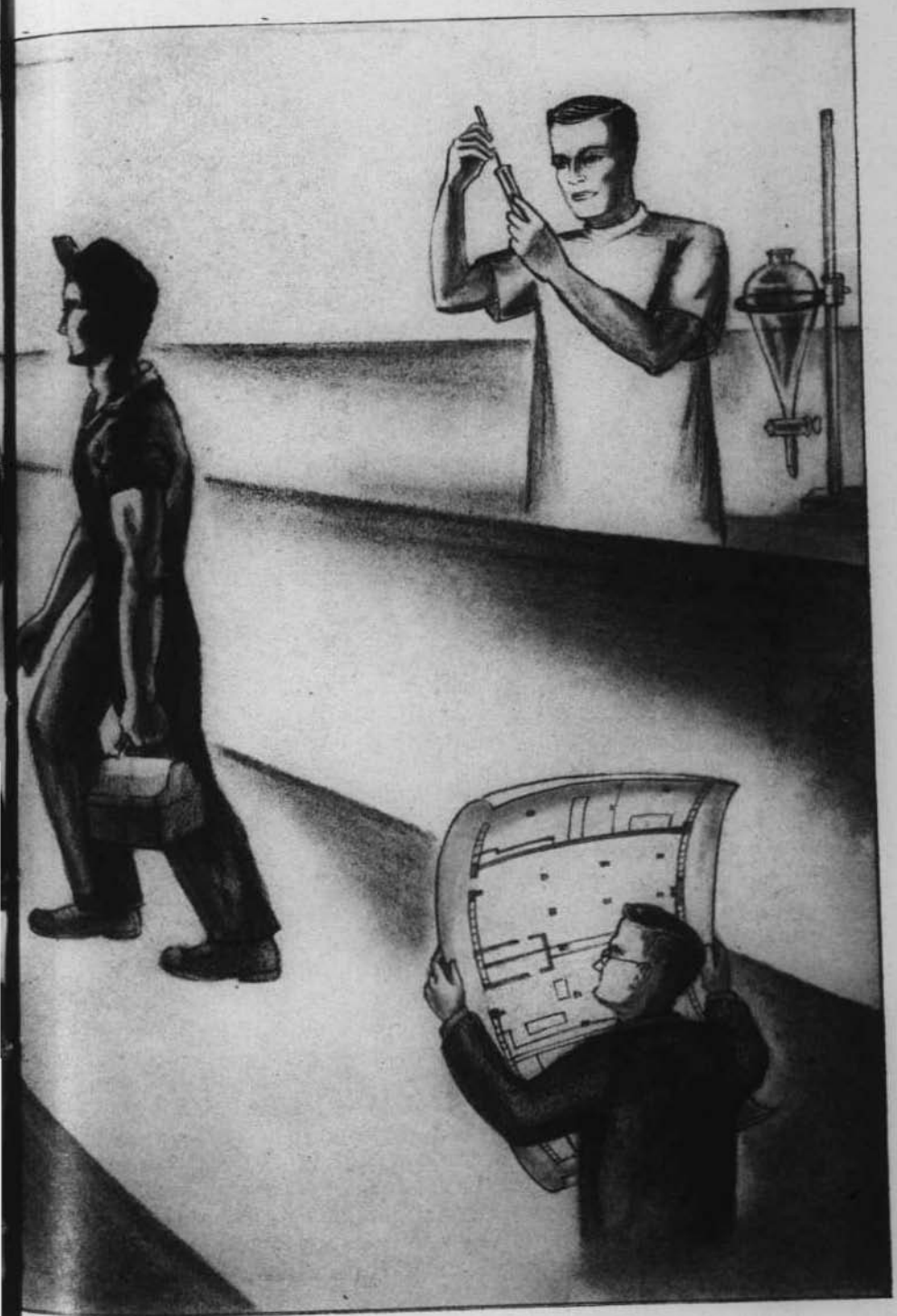
We recommend that employees should be given a pre-placement physical examination to pick the right man for the right job. It should be emphasized that this is a placement examination and not a screening examination. These examinations should he repeated at regular intervals to check on employees' health and to discover the first signs of occupational or other diseases.

The value of using correct methods at the first treatment of an industrial injury has long been recognized. It is equally important that the first person who treats an occupational disease should follow the proper methods. Furthermore, we feel that the provision of good medical attention is one of the best ways of combatting the superstitious practices carried out by those who are not acquainted with modern medicine and surgery.

Engineering—The work of the industrial hygiene engineer might be divided into two parts. (1) Where an occupational disease is suspected or has already occurred, it is the engineer's job to find out exactly where the trouble lies. This means a rapid check of the whole plant and a concentrated study of the probable danger spot. In this study, he may take samples of the materials used, employing an impinger or an electrostatic precipitator to get a sample of dust or vapors in the air, or using other instruments where needed. The samples which he obtains are then analyzed in the laboratory. With the help of this chem-



"Public Health



To The Factory"

ical information, the doctor is able to confirm his diagnosis; and the engineer has a basis on which to work toward controlling the dangerous conditions, using ventilation or other means to be described later. When the controls are installed, the engineer again makes tests of the air to be certain that the working environment is safe, and the doctor examines the exposed employees to make certain that their health is not being injured. (2) In plants where there has been no reported occupational disease, or in new plants, the engineer has the opportunity to do even more effective work in prevention. Here he studies the whole plant from start to finish, noting the raw materials used, the products and by-products, general housekeeping, and all the means provided for protecting the health of the workers; for example, ventilation or protective clothing. In many plants he may find that the work of the plant does not expose the employees to anything injurious to their health. On the other hand, in some plants he may find certain parts of the processes where there is a possibility of risk to the health of the men working in those areas. Here he makes an intensive study of the potential danger points and recommends means for controlling the risks involved.

Valuable as the above work is, there is a still more useful function that the engineer can perform in certain circumstances; for example, if he can contact plant management before the plant is built or remodeled, preferably while it is still in the blue-print stage, he can read the plans, pick out the danger spots, make suggestions for their control and thus have the correct installations at the time the plant is being built rather than to wait for later trouble.

The scope of the engineer's work is as wide as the scope of industry in Florida. He must have a general knowledge of all the industrial processes carried out in the State. He must have a specialized knowledge of the technical instruments used in his measuring and sampling, and finally he must be familiar with the methods used in controlling any hazards which he may find.

Engineering Control Measures

Ventilation—Some people have fans in their kitchens to draw off odors and smoke; restaurants use large hoods and fans over stoves. When the engineer has to get rid of fumes, vapors, gases, or dusts of poisonous character in industrial plants, he utilizes the same principle of exhaust ventilation, but with

In his left hand Mr. Nelson is holding a bottle called an impinger. This bottle contains a mixture of water and nitric acid. By turning the crank on the box under his left arm, he can draw samples of air through the impinger bottle, thus catching any lead dust that may be in the air. The air samples will be analyzed in the laboratory. If the amount of lead found is high enough to endanger the health of the exposed employee, control measures will be recommended.

Here the operator is smoothing a granite tombstone with an air chisel. The dust he is creating contains a material called silica. Continual breathing of silica in large amounts over a period of years commonly causes a disease of the lungs called silicosis. In order to measure the amount of silica in the air, Mr. Nelson is using a large impinger bottle to catch the dust. The dust particles will be counted under a microscope and if there are enough of them to indicate danger of silicosis, control measures will be recommended.

especially designed hoods, ducts, and fans to draw off lead fumes from a melting pot, chromic acid mists from a chrome plating tank, silica dust from granite cutting, or carbon monoxide gas from gasoline motors which are being tested in a closed building.

Substitution—White phosphorus was once used in making matches. So many workers and children were poisoned by this substance that the harmless red phosphorus was substituted for it. Similarly, in modern industry, the engineer recommends the use of steel shot or carborundum in place of sand for cleaning castings.

Enclosed Processes—Just as the homemaker sees to it that the kitchen door is closed to keep cooking odors from the rest of the house, so the engineer may enclose processes using dangerous substances in an air-tight room or tank to keep poisonous dust and fumes out of the rest of the factory.

Wet Methods—Just as floors are sometimes sprinkled to keep down dust, so the engineer can sometimes use a sprinkler to lay the dust in an industrial plant.

Respirators—The soldier at the front carries a mask for emergency protection against gas attacks. Similarly in jobs where there might be short exposures to carbon monoxide from gasoline engines, ammonia, sulfur dioxide, chlorine, or other irritating or poisonous materals, the engineer provides the type of respirators suitable for each exposure.

Lighting—Correct lighting is an important factor in preventing accidents and eye strain. The amount of light needed for each job depends on the degree of precision required; for example, the warehouse worker can get along with a lighting of 10 footcandles but the draftsman must have 100 footcandles in order to do accurate work. The amount of light is easily measured by an instrument called a light meter. The Florida Industrial Commission has adopted standards of approved lighting for most industrial jobs. Light must be sufficient and it must also be properly installed in order to avoid glare.

Ultra violet light is a form of light generated by the welder's arc. Its dangers have been described earlier. Infra red light is really a form of heat and is sometimes responsible for heat stroke or skin burns.

Sanitation—The Division of Industrial Hygiene is often asked for information about water supply, toilet facilities, and factory lunch rooms. All such questions are referred to the county

This picture was taken in an iron foundry, where iron is molded in forms made of sand. This sand contains ever larger amounts of silica than the granite dust in the previous picture. The workman in the left foreground is shoveling sand into a sifting machine. Again the impinger bottle is being used to catch samples of dusty air in order to decide whether control measures are needed.

health departments which administer the Florida Sanitary Code drawn up by the Bureau of Sanitary Engineering.

Noise—Excessive noise is irritating and fatiguing and thus interferes with both comfort and production. Certain high pitched noises may cause partial deafness in exposed workers. Also noise may be a safety hazard.

The elimination of all noise is not yet practicable, but the following methods will provide a partial reduction: (1) Proper care of machinery; e. g., good lubrication and replacement of worn parts. (2) Enclosure of noisy machines in separate rooms. (3) A machine foundation which will absorb vibrations. (4) Ear plugs when other methods fail.

Chemistry—The industrial hygiene chemist takes an active part in almost every study made by the division. He may be asked to measure small amounts of lead, arsenic, or mercury in a patient's blood or urine, in order to help the doctor make a diagnosis. He may be called upon to analyze a solvent to confirm the presence of such poisonous substances as carbon tetrachloride or benzol in order to help the engineer locate the source of a poison. He may be asked by management to analyze a new skin cleanser to decide whether it is safe for use by employees. It may be his duty to examine air samples to find out how much carbon monoxide, hydrogen sulfide, or other poisonous gas is present. In short, the scope of his work covers all the raw materials, products, and by-products of Florida industry. At the same time he may be asked to measure as little as 20 billionths of an ounce of lead in a teaspoonful of blood or 10 parts of formaldehyde in one million parts of air. He must be able to measure such extremely small quantities because the health and safety of the worker depend upon the ability of the engineer to keep the levels of these poisonous materials in the air within the limits set by the Florida Industrial Commission. For example, if the level of carbon monoxide is allowed to rise much above 100 parts in one million parts of air, the exposed workers soon begin to complain of headache, nausea, and dizziness. If this exposure is allowed to go further, it may sometimes result in death.

During war time our industrial chemists developed the mass production of many new materials, one well known example being synthetic rubber. This is only one example of new processes that are being introduced in the chemical industry from day to day. New solvents and new materials are constantly being brought into action to form new products. Here again the

industrial hygiene chemist is called upon to examine these new materials to learn whether they contain anything that might be harmful to the health of the workers. The same thing happens when a company cannot get the materials formerly used and is forced to substitute something new. Industry is in a constant state of change and the indications are that there will be still more changes in the future.

What is the Division Program?

In order to deal with the problems presented by potential hazards to health in modern industry, several different lines of work must be carried on by a Division of Industrial Hygiene. These may be summarized as follows:

1. The division must find out what industries are being carried on, together with the nature of the industries, the materials being handled and working conditions generally. This type of investigation will be continuous because new industries are always being established. It will also involve close cooperation with other state agencies in order to utilize all available sources of information.

2. The division must give prompt attention to all requests for services from industrial management which in turn means the setting up of a staff qualified in making certain investigations and recommendations.

3. In order to round out its services, the division must have an analytical laboratory to identify toxic materials and to determine their concentration in samples obtained from industrial plants, and industrial employees.

4. The division must have access to all the latest scientific literature—medical, engineering, and chemical—relating to industrial hygiene.

5. The division must establish friendly relationships with all other agencies which would benefit by a mutual interchange of services.

6. The division should be able to furnish consultation on all medical or engineering, or chemical problems which may be submitted by industry. Also the division should be able to provide materials for institutional talks.

In the past, the cleaning of castings was a dusty process and many employees who did this work had their lungs affected by silicosis due to breathing in large amounts of fine sand dust with a high percentage of silica. One of the modern methods of cleaning castings is the wheel shown above. The castings go under the curtain and are cleaned by a blast using metal shot instead of sand. A fan pulls air and dust from behind the curtain and creates an inward draft through the slits in the curtain. The strength of this draft shows how well the fan is working. Mr. Nelson is using an instrument called a velometer to measure the draft.

Note: This is an example of the use of an enclosed process to control dust.

Occupational Disease Claims

January 1, 1947 — December 31, 1947

TOTAL		1241
Conjunctivitis		225
Welders	209	
Chemical	16	
Infections		46
Repeated Motion, Pressure and Shock		28
Heat		35
Respiratory Irritations		31
Gas		8
Carbon Tetrachloride		1
Metals		7
Lead	3	
Zinc	3	
Other	1	
Silicosis		1
Dermatitis		859
Alkali	197	
Solvent and Oil	100	
Other Chemicals	118	
Fruit	120	
Plant	31	
Larva Migrans	116	
Fungus	90	
Other	87	

The present personnel of the Division of Industrial Hygiene is:

Dr. John M. McDonald ..... Director
Mr. Howard M. Nelson ..... Industrial Hygiene Engineer
Mr. William E. McDonald, Jr. ..... Industrial Hygiene Chemist
Mrs. Lillian Linville ..... Secretary

For further information, please address the

Division of Industrial Hygiene
Florida State Board of Health
Jacksonville, Florida

OUR OWN WHO'S WHO

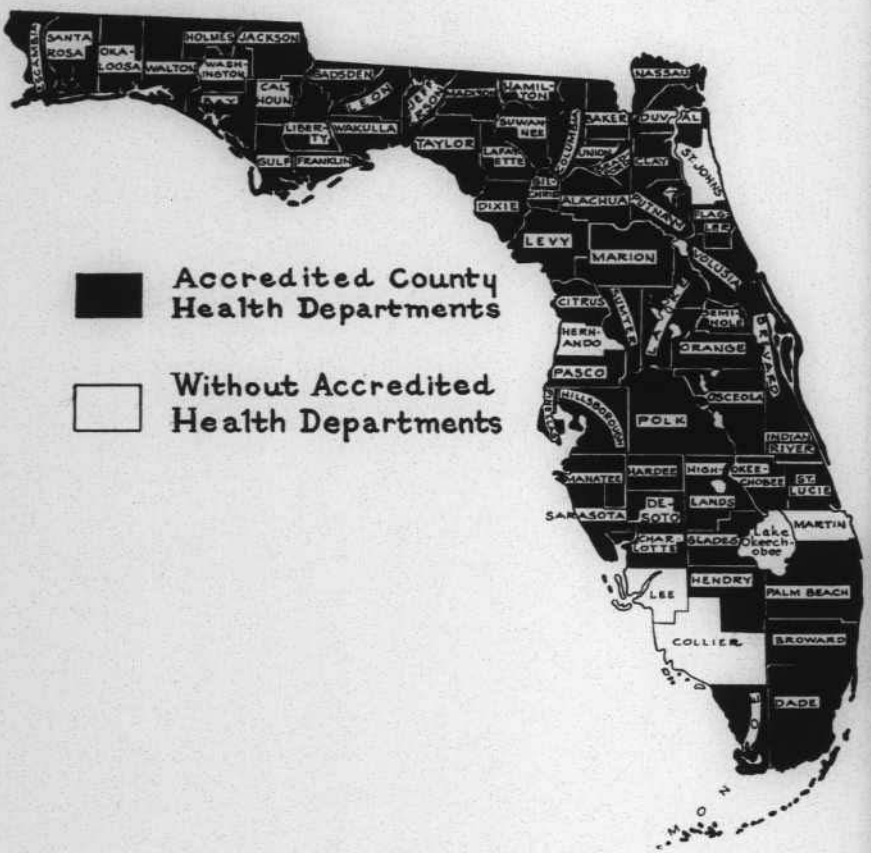
Directing the activities of Florida's southernmost county health department is Dr. James B. Parramore, a native of Orlando. Dr. Parramore has been director of the Monroe health unit since 1937 and was instrumental in securing one of the finest buildings in the South for the health department. This building was erected by the Federal government and was purchased by the County Commissioners.

Dr. Parramore is a graduate of Rollins College and received his medical degree from the University of Maryland. During World War I, he served in this country and in France as regimental surgeon with the 77th Division.

A Floridian by choice for the past 12 years, is Dr. Terry Bird, director of the Franklin, Gulf and Wakulla health unit since 1946. Dr. Bird organized the Lake County health department in 1938, leaving this position to become state director, Florida Crippled Children's Commission for six years. After serving 18 months with Pan-American Air ways during the war, he returned to the State Board of Health, "is still here and enjoying it."

Dr. Bird is a native of Alabama, attended the University of Alabama and Tulane and received his master's degree in public health from the University of North Carolina. He is a member of the Florida and American Medical Associations and the American Public Health Association.

STATE OF FLORIDA



Florida HEALTH NOTES

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH
JACKSONVILLE - APRIL, 1948 - VOL. 40 - No. 4

CANCER CONTROL

The State Board of Health

Hon. Millard F. Caldwell
Governor of Florida

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Jacksonville 1, Florida

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Bureau of Tuberculosis Control
C. M. Sharp, M.D.

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County	Town
Alachua	Gainesville
Baker	Macclenny
Bay	Panama City
Bradford	Starke
Brevard	Titusville
Broward	Ft. Lauderdale
Calhoun	Blountstown
Charlotte	Punta Gorda
Clay	Green Cove Springs
Citrus	Inverness
Columbia	Lake City
Dade	Miami
De Soto	Arcadia
Dixie	Cross City
Duval	Jacksonville
Escambia	Pensacola
Flagler	Bunnell
Franklin	Apalachicola
Gadsden	Quincy
Gilchrist	Trenton
Glades	Moore Haven
Gulf	Port St. Joe
Hamilton	Jasper
Hardee	Wauchula
Hendry	La Belle
Highlands	Sebring
Hillsborough	Tampa
Holmes	Bonifay
Indian River	Vero Beach
Jackson	Marianna
Jefferson	Monticello
Lafayette	Mayo
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Liberty	Bristol
Madison	Madison
Manatee	Bradenton
Marion	Ocala
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Okeechobee	Okeechobee
Orange	Orlando
Osceola	Kissimmee
Palm Beach	West Palm Beach
Pasco	Dade City
Pinellas	Clearwater
Polk	Bartow
Putnam	Palatka
Santa Rosa	Milton
Sarasota	Sarasota
St. Lucie	Ft. Pierce
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Sumter	Bushnell
Suwannee	Live Oak
Taylor	Perry
Union	Lake Butler
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Walton	DeFuniak
Washington	Chipley

Bureau of Vital Statistics
Everett H. Williams, Jr.,
Acting Director

Bureau of Preventable Diseases
R. F. Sondag, M.D.

Division of Venereal Disease Control

Epidemiology

Division of Industrial Hygiene
John M. McDonald, M.D.

Typhus Survey
E. R. Rickard, M.D., M.P.H.

Division of Cancer Control
James B. Hall, M.D.

Public Health Veterinarian
James E. Scatterday, D.V.M.

Bureau of Maternal and Child Health

Mental Health Program
Lowell S. Selling, M.D., Dr.P.H.

Field Technical Staff
L. L. Parks, M.D., M.P.H.

Florida HEALTH NOTES

ESTABLISHED 1890

CANCER CONTROL

With the passage of the Cancer Control Law, the State Legislature specifically made it the duty of the State Board of Health to carry on a cancer control program and appropriated funds for that purpose. Prior to this act, with the assistance of federal funds, an initial effort was made to develop this program. Properly speaking, the cancer control program did not actually start until July 1, 1947, at which time we had approximately $200,000 available from the State Legislature. Since this program has ramifications which are more intricate and most delicate with respect to our relationship with various groups in the State, particularly the medical profession, it takes time to initiate such a program, and although a good beginning was made, it is not yet by any means proceeding in the manner and at the rate that we expect it to—eventually.

During 1947 the cancer program had a good start, but most of the cases approved for State aid were patients with well developed cancer. Our efforts in the future will be aimed more and more toward the earlier diagnosis of cancer. The effects of a well balanced cancer control program will not be immediate, but with adequate lay and professional education, and diagnostic and treatment clinics, the long range effects will be noted by a demonstrable decrease in the death rate from cancer.

R. F. Sondag, M.D., Director,
Bureau of Preventable Diseases

James B. Hall, M.D., Director,
Division of Cancer Control

Cancer kills more than the combined deaths from infantile paralysis, scarlet fever, typhoid fever, and whooping cough between the ages of 5 and 20 years.

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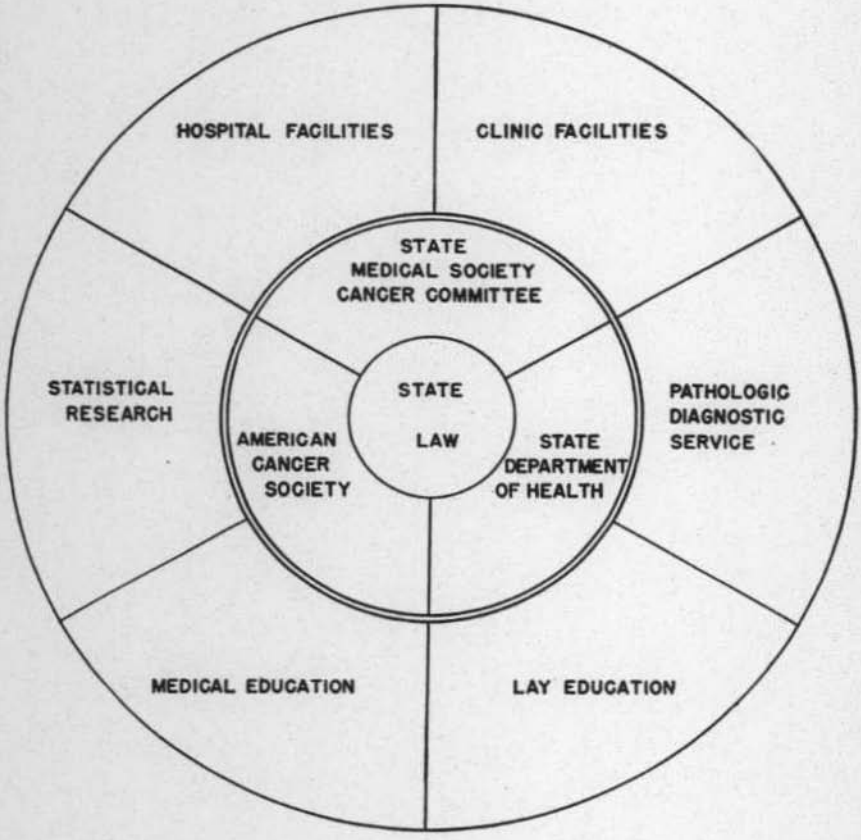
—WHAT FLORIDA IS DOING ABOUT CANCER—
BASIC ELEMENTS OF THE STATE OF FLORIDA'S CANCER CONTROL PROGRAM



Cancer causes an economic loss of $31,000,000 every year in Florida (Insurance Company estimate)

FLORIDA'S CANCER CONTROL PROGRAM

The dream of an adequate Cancer Control Program of last year is an actuality today.

The Florida State Board of Health presented a cancer control bill to the State Legislature. This ". . . . Act to promote the prevention and cure of cancer; . . . ." became a law in June 1947, and $200,000 per year was appropriated for the program—an additional $40,000 was received from the U. S. Public Health Service.

Tentative rules and regulations, fee schedules, and procedures for handling indigent cancer cases, were developed and adopted by the State Board of Health, and incorporated in the "Florida Cancer Control Manual."

Strategically located cancer detection, diagnostic and treatment clinics have been organized, or will be in the near future.

A Biopsy examination service, was established, and has handled 302 specimens—118 were Cancer (39%).

Since the Cancer Control Program's inception, 450 indigent persons alone have received examination and treatment, and today are being added at the rate of 80 per month.

It is hoped and believed that Florida is on a course that will bring an estimated 12,000 citizens now suffering from Cancer to EARLY AND ADEQUATE treatment.

A prospective patient is here being interviewed in the Cancer Information and Detection Center, Volusia County Health Unit, DeLand, Florida, Reception Room. Mrs. W. W. Jones, Commander, Cancer Program, West Volusia, is standing, while Mrs. Tom D. Zoretic, Chairman, Cancer Committee, DeLand Junior Women's Club, DeLand, fills out the necessary forms.

—A MILLION YEARS OF CANCER—

— Chronologically —

Pre-Historic	The over-all picture of Cancer is the cumulation of knowledge of perhaps the past million years. The fossil bones of extinct animals are accepted proof by leading authorities that cancer has been in existence from prehistoric times. Pathological lesions including tumors have been recognized among the pre-historic mammals.
800 B.C.	From the library of Nineveh an inscription was found which gives enough information that Carcinoma of the Breast may be readily recognized as the subject under discussion.
100 A.D.	Celsus, a Roman contemporary of Christ, introduced the idea that Cancer could be diagnosed by the inefficacy of therapy—if you cut it out and it grew again—it was Cancer.
1400 A.D. to 1600 A.D.	England, at the period of the Renaissance, introduced a new departure in cancer therapy. Apparently, this was an outgrowth of the idea that the French Queen had been able to cure tuberculosis. The cure of cancer was considered possible through the consecration of the Queen of England.
1740 A.D.	The first Cancer Hospital was opened in England and had a total of 12 beds.
1775 A.D.	"Chimney Sweep's" cancer was recognized and described. It is listed as the first occupational cancer reported, and was caused by continuous irritation by soot.
1889 A.D.	This year marked the first successful use of X-rays in actual cancer.

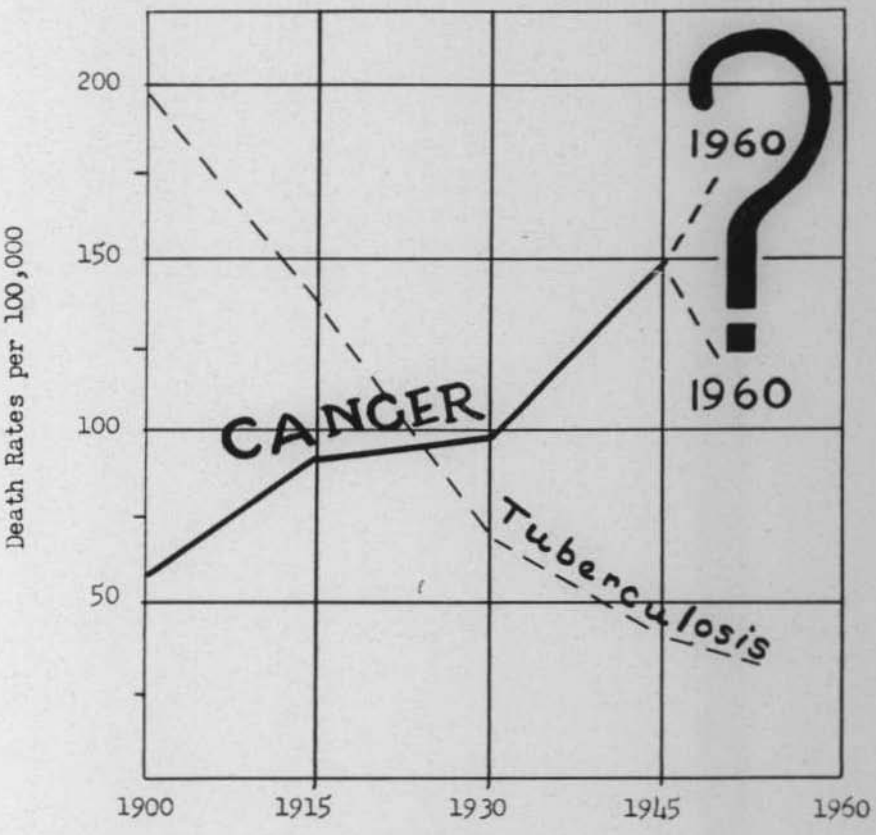
1903 A.D. This date marks the first reported use of Radium on cancer. Surgery and cautery had been used for more than 1900 years.

1948 A.D. The present era represents the apex or the converging point for the thoughts created and the facts discovered during all of those years that have preceded it.

Research, application, and time have given the cancer sufferer proven methods of treatment in *Surgery, X-ray,* and *Radium* and, as Schereschewsky so aptly said, "there is still hope in the hearts of the medical profession and in the students of the public health that tomorrow, next month, or next year the true defense against this relentless foe will be vouchsafed us."

480 PEOPLE DIE EVERY DAY OF CANCER IN THE UNITED STATES (175,000 Yearly)

BIOPSY IS THE DOCTORS' MOST POWERFUL WEAPON TO DIAGNOSE EARLY CANCER, AND THE ONLY POSITIVE METHOD TO MAKE SUCH A DIAGNOSIS. "BIOPSY" MEANS THE REMOVAL OF A PIECE OF TISSUE FOR DIAGNOSIS FROM A LIVING PERSON.



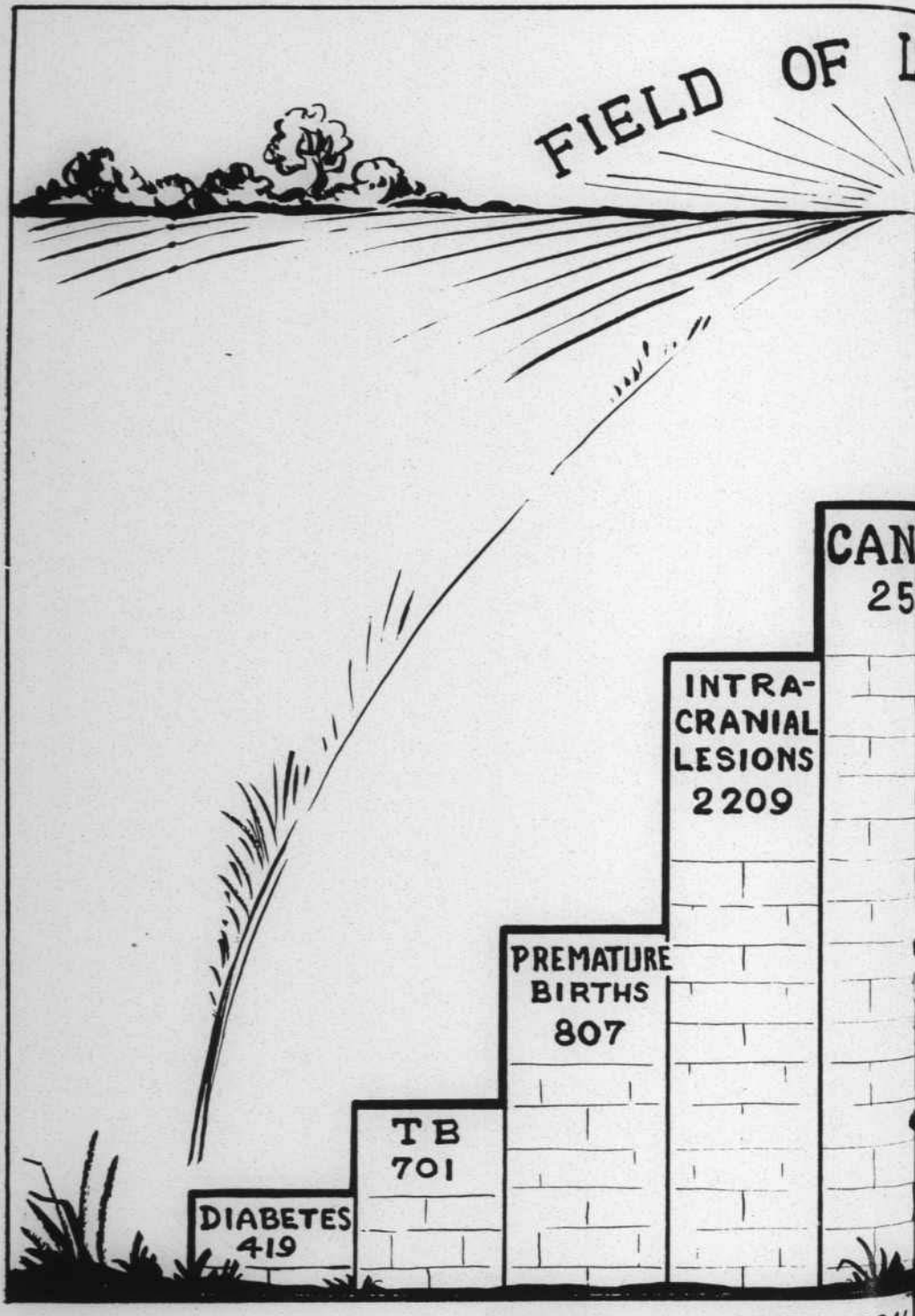
Cancer
Death Rates U. S. from 1900 through 1945

WHY THIS INCREASE?

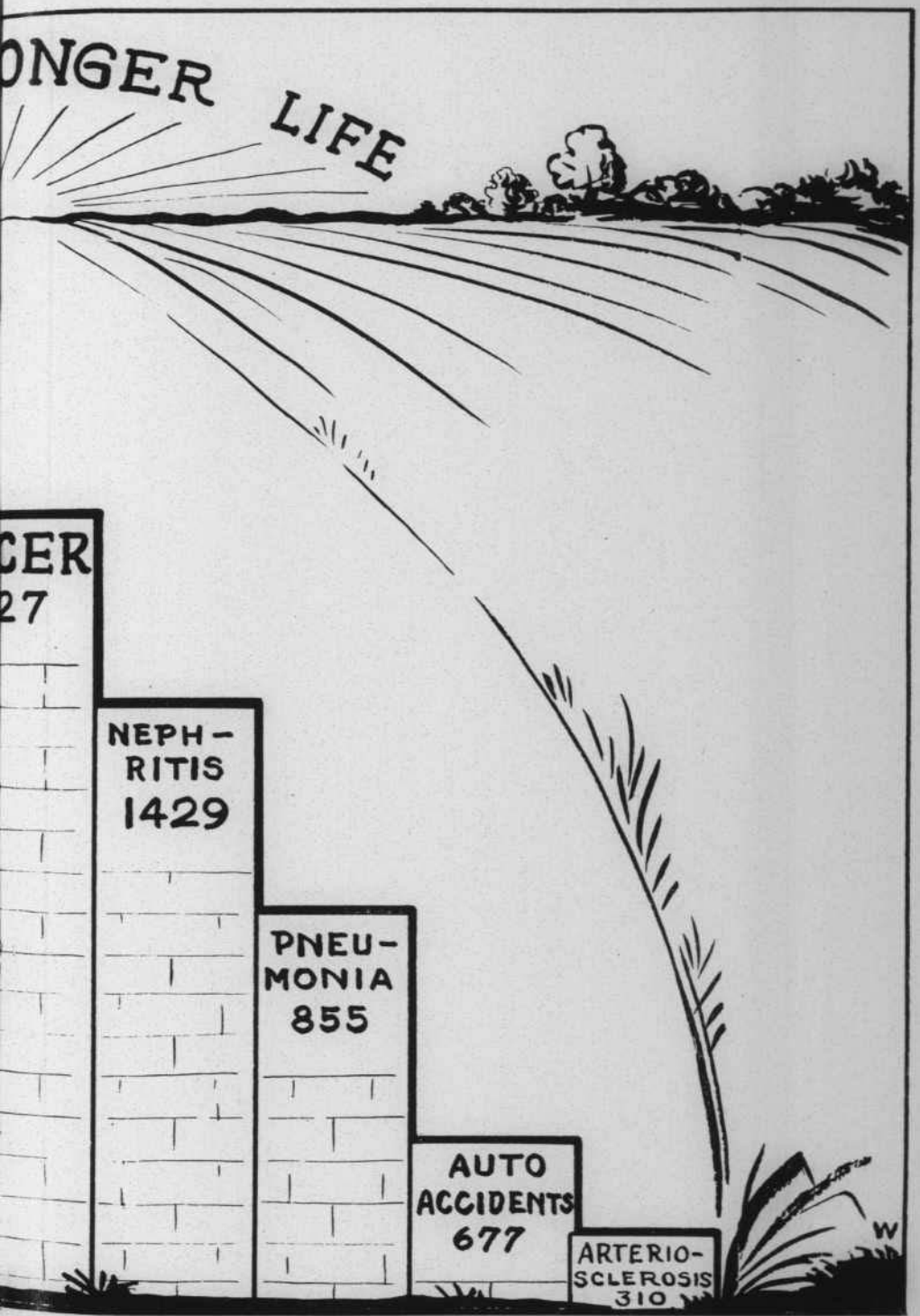
1. The number and proportion of older people in the total population have increased steadily since 1900. (Majority of all cancer deaths occur after the age of 45).

2. Better and more accurate diagnosis.

3. An actual relative increase in the number of deaths from cancer. (Only earlier diagnosis and adequate treatment can lower the cancer death rate).



— DEATHS IN FLORIDA - 1946



-LET'S LOWER THE WALL—

A thorough physical examination is a necessary prerequisite for the treatment of cancer. Here Dr. George Green of Daytona Beach, assisted by Mrs. Betty B. Nahm, R.N., is taking a sample of blood from a patient with skin cancer of the right cheek. Dr. Green is also Chairman of the Volusia County Cancer Executive Committee.

Do YOU "Know All The Answers"—About Cancer?

1. *Will eating tomatoes cause cancer?*
   No, this is a superstition.

2. *Do we inherit cancer from our parents?*
   From a practical standpoint heredity is of little importance.

3. *Are cancers contagious (can they be caught by eating, drinking, or sleeping with someone with cancer)?*
   The answer based on our present knowledge is NO.

4. *Is there a difference between a tumor and a cancer?*
   Yes, every cancer is a tumor, but, all tumors are not cancers —a benign tumor is not cancer, but, a malignant tumor is a cancer.

5. *Will eating food cooked in aluminum utensils cause cancer?*
   There is no evidence of any connection between the two.

6. *Does syphilis cause cancer?*
   No, and these two diseases are only associated in a small percentage of cases.

7. *Is there a relation between chronic irritation and cancer?*
   Yes, cancer frequently develops at the seat of some chronic irritations.

8. *In what age is cancer most prevalent?*
   It may occur at any age but about half of all deaths occur between 50-70; a third over 70 and a sixth under 50 years of age.

9. *Does nervous strain cause cancer?*
   There is no evidence to show any connection between these two conditions.

10. *Are all lumps in the breast cancer?*
    No, but it should be examined by a physician at once.

11. *Do freckles turn into cancer?*
    No, but flat moles, which look like dark freckles, may become a cancer. (Watch for color and size change).

12. *Do corns cause cancer?*
Rarely, but cancer can develop at any point where irritation is present.

13. *Does Alcohol cause cancer?*
This is debatable, but there is some evidence indicating that cancer of the stomach may occur more frequently among those that drink undiluted hard liquors.

14. *Does tobacco cause cancer?*
Any connection between cancer and tobacco is probably due to chronic irritation.

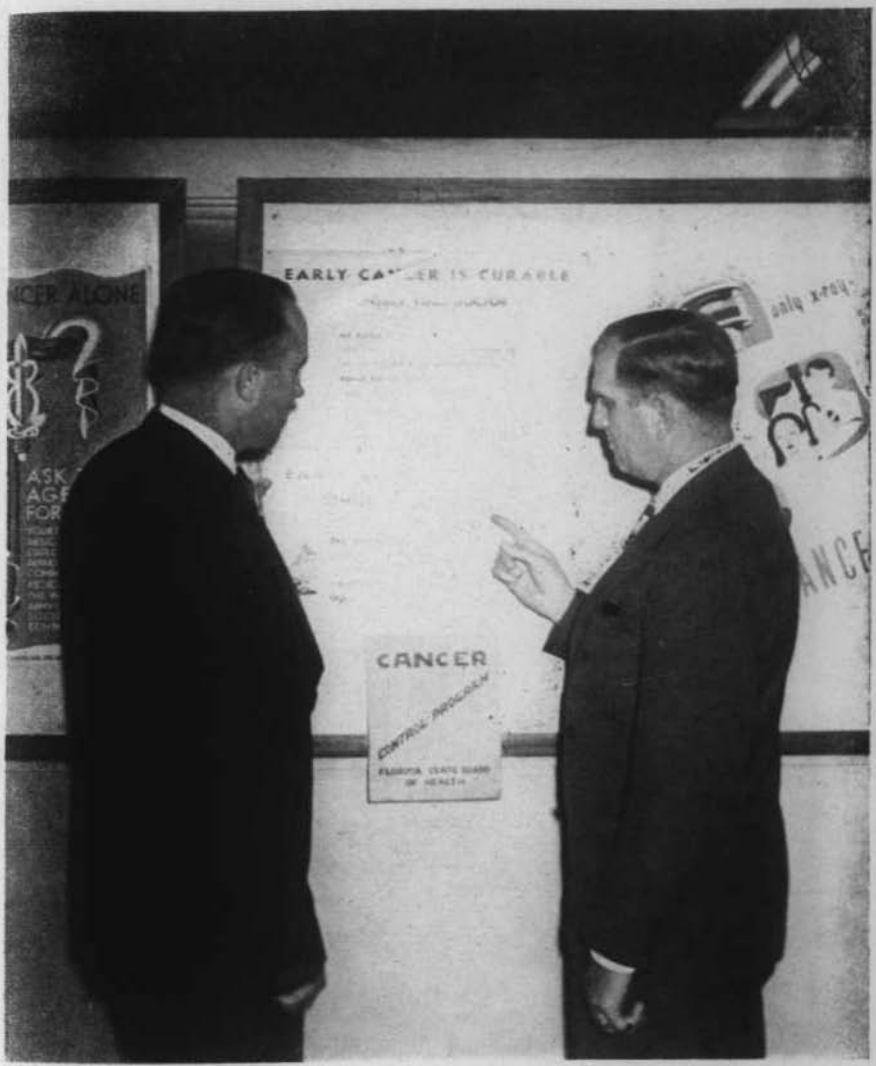
15. *Will eating grapes, potato skins, or dieting prevent or cure cancer?*
No, Surgery, X-Ray, and Radium are the only proven forms *of treatment at present.*

16. *If you suspect cancer, what should you do?*
Go to your family physician and follow his advice.

— A I M —
Detect cancer, detect it early;
Treat cancer, treat it adequately.

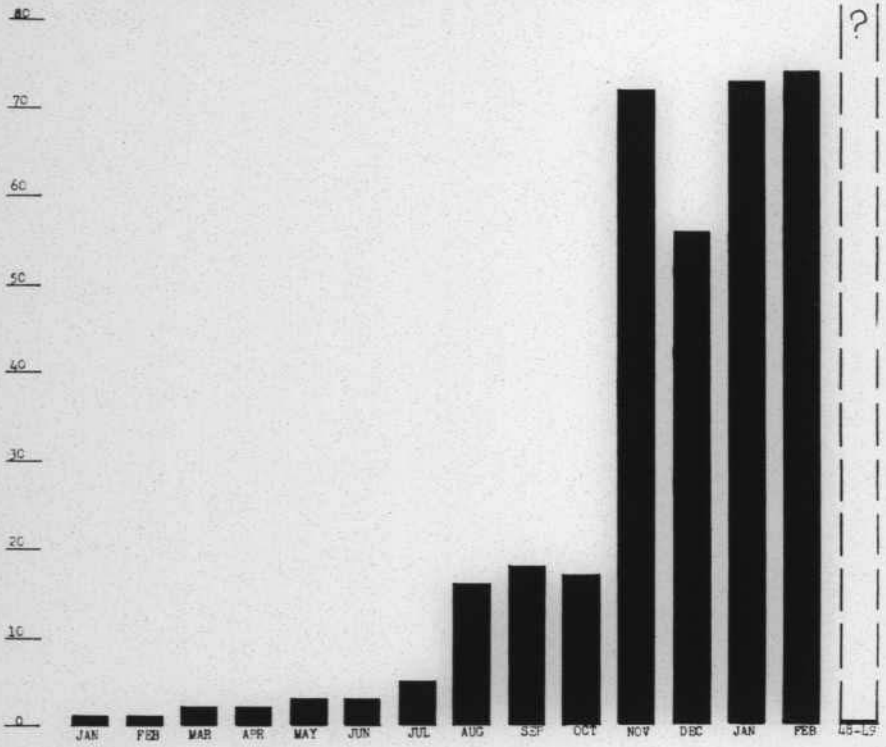
CANCER CAUSES LESS THAN 1% OF DEATHS IN CHILDREN UNDER 15 YEARS — YET IT IS ON PAR WITH MEASLES, WHOOPING COUGH, SCARLET FEVER, T. B., SYPHILIS, AND MENINGOCOCCIC MENINGITIS.

THE NUMBER AND PROPORTION OF OLDER PEOPLE IN THE TOTAL POPULATION HAVE INCREASED STEADILY SINCE 1900. THIS IS NOTEWORTHY SINCE THE MAJORITY OF ALL CANCER DEATHS OCCUR AFTER THE AGE OF 45



Informative posters on a cancer control program here interest James B. Hall, M.D., Director of the Division of Cancer Control, Florida State Board of Health, and Dr. Thomas H. Morgan, Director of the Duval County Health Unit, Jacksonville.

PERSONS RECEIVING AID FROM STATE BOARD OF HEALTH JAN. 1947 - MAR. 1948



The working principles of that portion of the Cancer Control Program, as it applies to Florida's medically indigent, are as follows:

1. The patient must be a resident of Florida one (1) year immediately prior to the date of application.
2. Patient must be medically indigent and certified either by the local welfare board and/or the county health officer..
3. No funds are available for out of state treatment.
4. No money is to be expended on terminal cases.
5. Fees will be paid, as outlined in the manual, for hospitalization, radium therapy, surgery, etc.
6. These funds cannot be used to replace or substitute for local funds appropriated for indigent medical care.

RECORDED DEATHS FROM CANCER BY COUNTIES FOR TWELVE MONTHS, FLORIDA, 1947

Population Estimate 1947	Counties	Cancer Deaths
2,407,000		2,643
38,245	Alachua	30
6,326	Baker	2
53,200	Bay	26
11,800	Bradford	8
20,750	Brevard	12
55,100	Broward	69
8,230	Calhoun	5
4,470	Charlotte	6
5,427	Citrus	2
11,600	Clay	6
4,957	Collier	2
17,250	Columbia	32
336,300	Dade	533
6,854	DeSoto	12
4,926	Dixie	1
302,200	Duval	255
118,900	Escambia	85
2,652	Flagler	2
8,900	Franklin	0
25,838	Gadsden	26
3,466	Gilchrist	0
2,281	Glades	0
7,040	Gulf	7
8,731	Hamilton	4
8,585	Hardee	7
5,066	Hendry	1
5,700	Hernando	9
19,300	Highlands	16
220,100	Hillsboro	300
14,627	Holmes	3
9,130	Indian River	8
34,550	Jackson	23
11,066	Jefferson	5
3,995	Lafayette	0
28,300	Lake	51
26,300	Lee	25
37,100	Leon	12
9,902	Levy	6
3,193	Liberty	1
15,537	Madison	12
27,100	Manatee	30
36,900	Marion	28
6,094	Martin	6
21,200	Monroe	22
10,900	Nassau	8
17,650	Okaloosa	12
2,919	Okeechobee	3
93,862	Orange	133
10,800	Osceola	21
126,700	Palm Beach	110
13,729	Pasco	9
147,300	Pinellas	287
123,800	Polk	97
17,837	Putnam	18
22,300	St. Johns	33
13,400	St. Lucie	7
17,400	Santa Rosa	11
20,600	Sarasota	39
25,600	Seminole	25
10,417	Sumter	9
17,800	Suwannee	9
10,738	Taylor	8
6,051	Union	4
61,600	Volusia	75
5,059	Wakulla	5
13,871	Walton	6
11,889	Washington	7

Number of deaths per County multiplied by 4 will give minimum number cases now living (estimate).

OUR OWN WHO'S WHO

A native of the Lone Star State, and typifying the land "where men are men" is Dr. Roland Mitchell, bacteriologist and assistant director of the central laboratory in Jacksonville for the past two years.

Dr. Mitchell came to Florida following four years of army service during the war and prior to that time he was connected with the Texas State Health Department.

He received his B.S. degree from North Texas State and his M.A. and Ph.D. from the University of Texas. He is a member of the Society of American Bacteriologists, American Public Health Association and Sigma Xi.

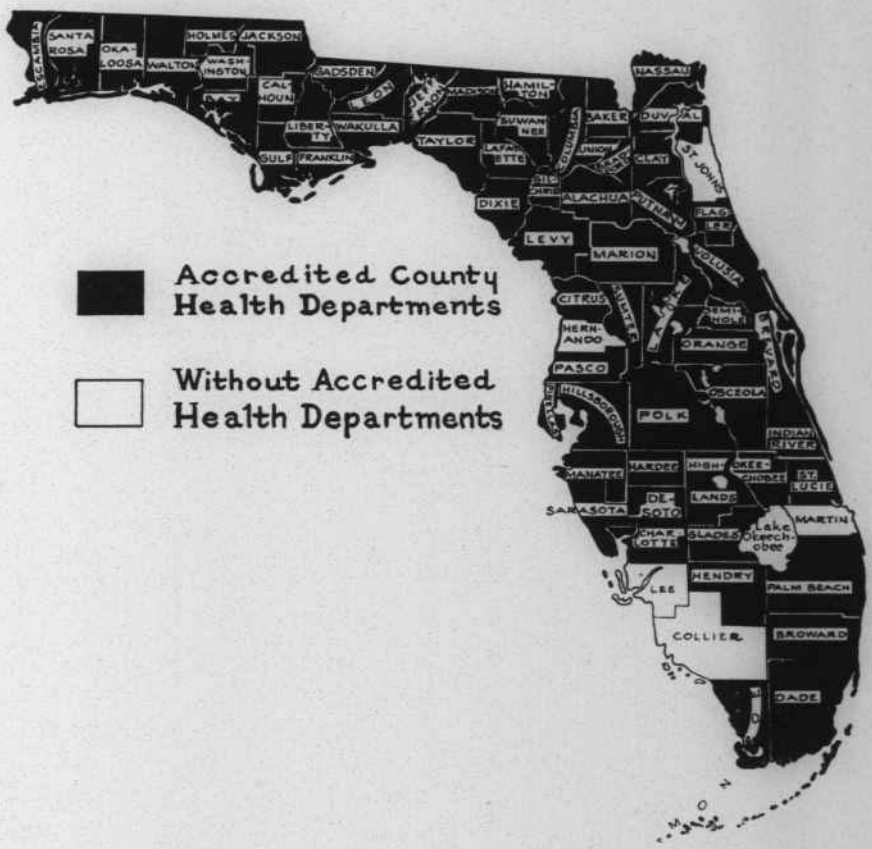
He is married and has two daughters.

Caught in a pensive mood is Paul T. Baker personnel supervisor for the State Board of Health. Better known as "The Colonel," Mr. Baker has legal right to that title for he served 27 years in the army and retired with the above rank. Colonel Baker served on General Eisenhower's staff in London during the war and was commander of an infantry regiment at the time of his retirement. He is well qualified to select personnel for employment with the State Board of Health.

Colonel Baker, although a native of Indiana, claims Jacksonville as home for he has lived here for the past ten years.

"The Health of the people is really the foundation upon which all their happiness and all their Powers as a STATE depend."
—Disraeli (1877)

STATE OF FLORIDA



It is estimated that 17 million Americans now living will die of Cancer, and that 2 million are suffering from Cancer today.

KNOW THE DANGER SIGNALS OF CANCER

. . any sore that does not heal—particularly about the tongue, mouth or lips

. . a painless lump of thickening, especially in the breast, lip or tongue

. . irregular bleeding or discharge from the nipple or any natural body opening

. . progressive change in the color or size of a wart, mole or birthmark

. . persistent indigestion

. . persistent hoarseness, unexplained cough or difficulty in swallowing

. . any change in the normal bowel habits

THE OFFICE OF THE PRIVATE PHYSICIAN IS THE BEST CANCER DETECTION CLINIC IN THE WORLD

Florida HEALTH NOTES

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH
JACKSONVILLE - MAY, 1948 - VOL. 40 - No. 5

MOSQUITO CONTROL

The State Board of Health

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Governor of Florida

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Dixie	Cross City
Duval	Jacksonville
Escambia	Pensacola
Flagler	Bunnell
Franklin	Apalachicola
Gadsden	Quincy
Gilchrist	Trenton
Glades	Moore Haven
Gulf	Port St. Joe
Hamilton	Jasper
Hardee	Wauchula
Hendry	La Belle
Highlands	Sebring
Hillsborough	Tampa
Holmes	Bonifay
Indian River	Vero Beach
Jackson	Marianna
Jefferson	Monticello
Lafayette	Mayo
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Liberty	Bristol
Madison	Madison
Manatee	Bradenton
Marion	Ocala
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Okeechobee	Okeechobee
Orange	Orlando
Osceola	Kissimmee
Palm Beach	West Palm Beach
Pasco	Dade City
Pinellas	Clearwater
Polk	Bartow
Putnam	Palatka
Santa Rosa	Milton
Sarasota	Sarasota
St. Lucie	Ft. Pierce
Seminole	Sanford
Sumter	Bushnell
Suwannee	Live Oak
Taylor	Perry
Union	Lake Butler
Volusia	DeLand
Wakulla	Crawfordville
Walton	DeFuniak
Washington	Chipley

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Florida HEALTH NOTES

ESTABLISHED 1890

MOSQUITOES—UNWANTED RESIDENTS OF FLORIDA

Florida citizens have been swatting mosquitoes for many generations. It wasn't their fault that Nature chose to endow Florida with a beautiful setting, a wonderful climate,—and mosquitoes. The bitter came with the sweet. It wasn't their fault either that for years the guns and ammunition available were just not enough to wage a winning war on the blood-thirsty hordes. And so they suffered crippling losses to malaria, yellow fever, and dengue; and, to top it off, they were continually annoyed by the mosquitoes which didn't happen to carry diseases. Florida Crackers have paid a heavy tribute of lives, blood, and money to the pesky mosquito. But today real relief from the costly bites is available. The State Board of Health is preparing to take the leadership in chasing these unwanted residents out of Florida. In doing this, it will do its level best to make Florida a healthier, more comfortable, and more prosperous land for both the "Crackers" and their many welcome guests.

John A. Mulrennan,
Director, Division of Entomology.

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Spraying the interior of a home with a DDT residual. This treatment will not only check the spread of malaria but will rid the house of mosquitoes, flies, fleas, bed bugs, and roaches for many months.

MOSQUITO CONTROL IN THE STATE OF FLORIDA

By MAURICE W. PROVOST,
Biologist, Division of Entomology.

Mosquitoes are pests. Florida has plenty of them, and no amount of denying it will reduce their numbers. Pests are particularly not wanted in a state which capitalizes on its comforts. Mosquitoes and comfort just don't go together. Actually, of course, there's more to mosquitoes than discomfort; there's a health hazard and an economic liability. From any standpoint, mosquitoes are just plain bad medicine. Nobody wants these obnoxious parasites and nobody needs have them in this day and age. People who like to say "We've always had 'em and always will" should live in a DDT-residual-sprayed house (of which there are tens of thousands in Florida) or in a region that has the benefit of a good outdoor spray or fog program. It takes a lot of seeing to convince some people. The fact is mosquitoes can be controlled today.

Florida is doing something about its mosquitoes. So far it's only a beginning. The State Board of Health has been entrusted by law to guide and further mosquito-control in the state. It is just now stepping into this job with both feet. It can't get far without the aggressive cooperation of every person who is tired of swatting mosquitoes or scratching bites. But with such cooperation, it will do everything in its power to make the people of Florida healthier, more comfortable, and more prosperous by helping them rid themselves of these despicable insects which are forever trying to suck dry the veins of people and the wellsprings of industry and commerce. This report is a plain talk on the conditions that prevail and what the future holds for the mosquitoes of Florida.

MOSQUITOES — AND MOSQUITOES

To most people a mosquito is a mosquito. But the mosquito problem in Florida is not that simple. At the latest count **70 kinds of mosquitoes occurred in Florida.** Each of these mosquito species has its own peculiar way of life, its own kind of breeding waters, its own seasonal program of annoyance, its own victim preferences among different animals and man, its own manner of scattering over the countryside, its own bearing on disease trans-

mission, and its own reaction to different control methods. With this in mind it becomes clear that mosquito control involves a lot more than emptying tin cans in the backyard, throwing a little oil on a pool, or turning a bunch of minnows loose in a pond. Mosquito-control in Florida is a very complex operation from beginning—meaning evaluation of the problem—to end—meaning control where called for.

Malaria Mosquitoes: The malaria mosquitoes (Anopheles) are pretty well known to Florida people, who recognize them because they "stand on their heads." What is not so well known is that there are **nine** different kinds of Anopheles mosquitoes in the state,—all of them "standing on their heads." The one which has been definitely incriminated in malaria transmission is *Anopheles quadrimaculatus,* or "quad" for short. More is known about this one mosquito than all the others put together. It was a case of having to know. The ravages of malaria forced control of this mosquito and control, in turn, forced research to learn its habits in detail. That is what will have to be done about the other mosquitoes of primary importance in the state. Almost to a man, those whose job it is to control other kinds of mosquitoes will agree that although people demand control there is still precious little known of the life-habits and dispersal characteristics of the mosquitoes they are doing their best to keep down. . . . The current attack on malaria consists of spraying houses with a residual dose of DDT. Counties participate in the program according to their past malaria history and their willingness to match funds provided by the U. S. Public Health Service and administered by the State Board of Health. Although in 1948 thirty-one counties are cooperating in the malaria-control program, the 1946 anopheline survey showed that **"quads" occur in every one of Florida's 67 counties.** There is good evidence that tampering with the natural drainage has enormously increased "quads" in counties with very little malaria on their records.

Salt-marsh Mosquitoes: Considering that salt-marsh mosquitoes are, next to the malaria mosquito, the worst mosquito pest in Florida, it is amazing what little is known of their biology. It is primarily their invasions of the coastal recreational areas that spurred into existence the mosquito-control districts now established in the state. The State Board of Health intends to study them intensively, so that efforts at their control will be ever more effective and economical. It is planned particularly to learn more of their exact choice of breeding sites, the timing of their emergence, and the manner of their dispersion. This is the type of in-

formation which will make it possible to use strategy in fighting them. And **strategy in mosquito control is the clue to economy.**

Rain-pool Mosquitoes: These are the mosquitoes which breed in the temporary waters of the rainy season. "Glades mosquitoes" and "gallinippers" are in this group. Away from the coastal areas, where the salt-marsh mosquitoes reign supreme, rain-pool mosquitoes become the number one mosquito problem through most of the state.

Domestic Mosquitoes: Two kinds of mosquitoes are so thoroughly associated with man's dwellings as to merit the name "domestic" mosquitoes. Both enter houses readily and are the ones most likely to cause sleepless nights. Since they breed in all manners of artificial containers and usually remain within 100 yards of their breeding waters, their control is altogether a matter of premise sanitation. One of these infamous mosquitoes carries both yellow fever and dengue or breakbone fever; the other is the common "house" mosquito.

Stearman plane spraying a DDT oil solution over the salt-marshes. This is the most commonly employed method of salt-marsh mosquito control in Florida at present. (Photo, courtesy of J. B. Hull, director, St. Lucie County Mosquito Control District.)

Mansonia Mosquitoes: The larvae (wiggle-tails) of these mosquitoes attach themselves to the underwater parts of plants instead of swimming freely, so that the application of common insecticides to the water surface has no effect on them. The adults are savage biters. Close to fresh-water marshes they are often the worst mosquito pests. The State Board of Health is contemplating several experimental control projects on these mosquitoes.

Grassy Pond and Ditch Mosquitoes: There are thousands of miles of grassy ditches in Florida, both along roads in the country and along streets in cities. When not properly maintained these ditches produce hordes of mosquitoes, the bulk of them being close relatives of the house mosquito. They are so abundant in Florida that the State Board of Health is planning investigations of their biology and control.

Acid Pond Mosquitoes: One of the most abundant and widespread mosquitoes in the state is the "wild anopheline," a cousin of the malaria-carrying "quad." Its larvae seem to prefer acid waters. It is the "poor-soil" anopheline of Florida, as distinguished from the malaria mosquito which, unfortunately, is the "good-soil" anopheline.

Miscellaneous Mosquitoes: There are many species of mosquitoes which do not fall into the above categories. Some are severe biters. Most, however, are abundant in restricted localities only. Among these miscellaneous mosquitoes are tree-hole breeders, air-plant breeders, and the odd "crab-hole" mosquito.

Which Mosquitoes Are Where?

The life-habits of the various kinds of mosquitoes are a clue to their distribution. For instance, the breeding-water preferences and flight-habits of the domestic mosquitoes at once tell us that they are of importance chiefly about homes. In cities, therefore, domestic mosquitoes are frequently the primary pest. In coastal areas, the salt-marsh mosquitoes are usually the predominant mosquitoes. In the flat pine-woods, glades mosquitoes and wild anophelines usually predominate. In the lakes region of north-central Florida, the Mansonias are one of the primary mosquito pests. In north Florida hammocks and along the big rivers, the malaria mosquito is often the most abundant mosquito. The Florida Keys have a distinctive mosquito fauna, with generous tropical elements. The mosquito problem thus varies from place to place throughout the state. Table 1 shows at a glance what may be expected by way of mosquitoes in the more important regions of Florida.

TABLE 1 **APPROXIMATE DISTRIBUTION OF MOSQUITO-GROUPS IN FLORIDA**

	1 Malaria mosquito	2 Salt-marsh mosquitoes	3 Rain-pool mosquitoes	4 Domestic mosquitoes	5 Mansonia mosquitoes	6 Grassy pond and ditch mosquitoes	7 Acid-pond mosquitoes	8 Miscellaneous mosquitoes
Land Types:								
1. Tidal lands	x	xxxxx	xx	x	x	xx	x	xx
2. Florida Keys	x	xxxxx	xx	x		xxx	x	xxx
3. Flat pine-woods	xx		xxxx	x	x	xx	xxxx	
4. Glades	xxx		xxxxx	x	xx	x	xxx	
5. Interior hammocks	xxxxx		x	x	x	x	x	xx
6. Highland lakes	xxx		xx	x	xxxx	xx	xx	x
7. Lime sink	xxxx		xxx	x	xx	xx	x	x
8. Cypress swamps	x		xxx	x	x	x	xxxxx	x
9. River plains	xxxx		xxx	x	x	x	x	x
10. Prairie	x		xxxx	x	xx	xx	xxxx	
11. Scrub	x		xx	x			x	
Large Cities:								
1. Coastal	x	xx	x	xxxx	x	xx	x	x
2. Interior	xx		xxx	xxxx	xx	xx	xx	x

CAN FLORIDA AFFORD ALL THESE MOSQUITOES?

Mosquitoes and men are seldom compatible, but when mosquitoes occur in swarms where man's activities are mostly outdoors, they become an annoyance, an economic liability, and a health hazard. Such a situation calls for control of the pests, and such is the situation found in many parts of Florida.

Mosquitoes as an Annoyance: It may seem absurd to discuss mosquitoes as an annoyance. Everybody knows they are and there's no question of argument. Yet in Florida the matter takes on a special significance. For all the wonderful sunshine, beautiful scenery, and other natural attractions that Florida possesses there is still no getting away from one fact: mosquitoes in the state can make life just plain miserable. Residents don't like it. Visitors like it even less, because they are, after all, spending money in Florida for comfort. Because of this, mosquitoes, even considered as an annoyance only, must not be tolerated in a state which capitalizes so heavily on comfort and relaxation.

Mosquitoes as an Economic Liability: Although in many cases the decisive factor in establishing a mosquito-control program is comfort, such a program has considerably greater economic and health values. Among the many economic involvements of mosquitoes may be mentioned the following.

1. Outdoor Recreational Activities: If the resort areas of Florida are to be developed to the maximum for the pleasure, health, and economic well-being of both residents and visitors, mosquitoes must not be allowed to halt progress. Few things will do more to discourage vacationists and new residents than vast buzzing swarms of blood-thirsty mosquitoes. And unfortunately a large part of Florida's vacationland lies on the coasts where salt-marsh mosquitoes abound or at inland localities where several kinds of fresh-water mosquitoes are pestiferous.

2. Property Values: Those dealing in real estate will readily agree that a tract of land blessed with natural beauty and a wonderful climate but so cursed with mosquitoes that residents cannot leave a screened house has a very low sales value as compared to a pest-free area possessing the same good features. The good word spreads fast when an area is free of mosquitoes and property values often soar.

3. Labor Production: Production from persons working outdoors rises as the pest mosquitoes vanish because a carpenter or farmer or fisherman can do a faster and better job if he can use

both hands full time instead of employing them a large part of the time slapping at mosquitoes. A banker or butcher or clerk does a better job and is more pleasant to his public when he has a full night of restful sleep and is not covered with mosquito bites.

4. Livestock and Poultry Production: Because the poor creatures are outdoors most of the time and are less able to protect themselves, livestock and poultry are plagued by mosquitoes even more than people. It is a known fact that a fretful cow gives less milk, a restless steer puts on less weight, and a worried hen lays fewer eggs. And that's what mosquitoes do to farm and range animals. They also weaken them to the point where they succumb easier to disease. And, finally, mosquitoes can kill animals. Witness this excerpt from the U. S. Insect Pest Survey Bulletin (vol. 12, no. 10, p. 428) relative to an outbreak of glades mosquitoes in the Lake Okeechobee region in 1932:

> By evening of that day the buzzing was as loud as that of a swarm of bees. During the night livestock could be heard running and thrashing in the underbrush, and on the morning of September 6, dead animals were found throughout the section. The recorded mortality was 80 head of cattle, 3 horses, 1 mule, 67 hogs, 20 chickens, and 2 dogs. Post mortem examinations showed no mosquitoes in the respiratory apparatus, indicating that the animals died either from loss of blood, nervous exhaustion, or the effects of some toxin.

Mosquitoes as a Health Hazard: Mosquitoes are known to carry many important diseases of man and animals. Any animal that sucks blood can be suspected of either carrying, or being able to carry, some sort of disease at some time or other. Besides the well-known human and animal diseases which mosquitoes are known to carry, they may yet carry other diseases in which their connection is not now known or they may carry diseases not as yet introduced into this country. The cost to Florida of the big three diseases carried by mosquitoes—malaria, yellow fever, and dengue—has been enormous. It has been measured in terms of lives, dollars, progress, and every other way. It is one of the ugliest and most pitiful chapters in the history of Florida. Thanks to the knowledge, diligence, and hard work of many public-health conscious persons and organizations, all three of these diseases are now rarities in the state. The State Board of Health is determined that they shall remain in that state of extinction, or as close to it as it is humanly possible to keep them.

THE APPROACH TO A MOSQUITO-CONTROL PROGRAM

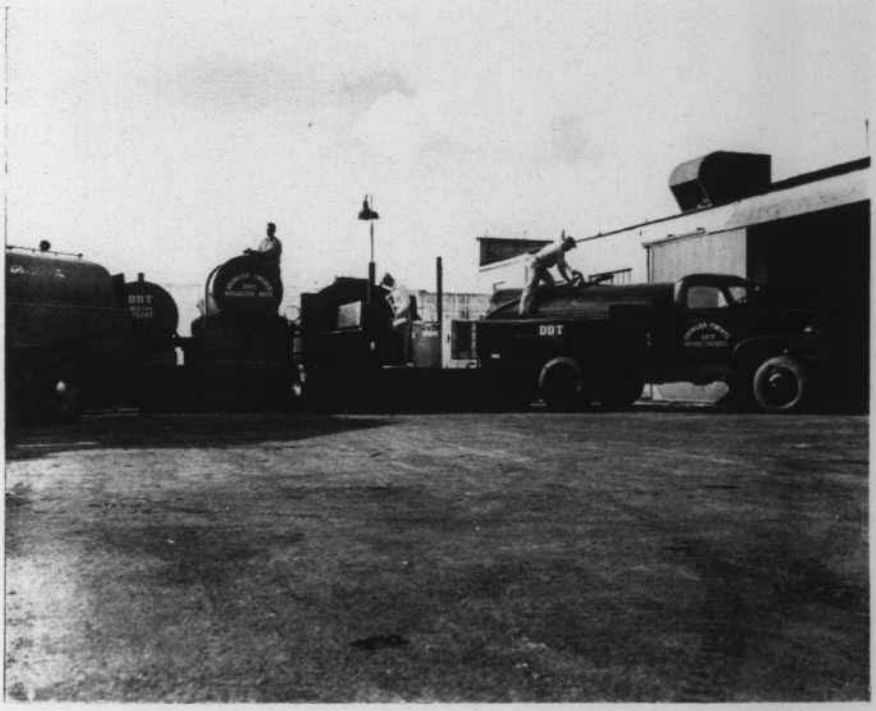
Fortunately mosquitoes can be controlled. They have been controlled in areas that were formerly some of the very worst mosquito producers in all of Florida. The advances made with chemical insecticides (particularly DDT) and new machinery have made mosquito-control feasible and profitable in all inhabited sections of the state. In those areas which in the past had mosquito-control districts these advances have to a large extent made the older methods of control obsolete.

Steps in Organizing a Mosquito-control Program:

First Step: Stimulating public interest. The best ally in this respect is the mosquito itself. If the mosquitoes of the area are sure enough a nuisance, it should not be too difficult to stimulate an interest in control among the victims of the blood-sucking army. This interest, it must be remembered, will always be greatest when the mosquitoes are at their worst. At such times it may be necessary only to let the people know that the pests can be controlled at reasonable cost—the mosquito bites will do the rest of the stimulating. The initiative in letting the people know what can be done is often taken by civic groups or by groups of public-minded individuals.

Second Step. Define the mosquito problem. At this point the interested parties can do no better than to call on the State Board of Health (Division of Entomology) for a helping hand. The Division has voluminous files of data on mosquitoes of every section of Florida. It also has a large reservoir of experience in the control of various types of mosquitoes, and it has close connections with many organizations which have for years been actively engaged in mosquito-control and in research in mosquito-control. And finally it has trained personnel whose duty it is to keep in touch with all the latest developments in the field of mosquito-control and to be ready at all times to disseminate the best information they have wherever it is desired in the state of Florida. An analysis of the mosquito problem is so important that under ordinary circumstances no control should be attempted before the problem has been accurately defined.

Third Step: Figure the cost. The voters must be acquainted with the amounts of money needed to carry on a successful program, and what it will cost the individual taxpayer per annum. Normally the denser the population the less will be the cost per



Mixing DDT preparations and loading trucks for transportation to airfields. (Photo, courtesy of J. H. Bertholf, Director, Broward County Anti-Mosquito District.)

capita. If the problem is such that a considerable outlay of capital is required for operating machinery, it is often desirable to cover large areas in order that this equipment will be used fully and efficiently. Occasionally the situation is such that even small settlements can attack the problem successfully with very modest outlays of money.

Fourth Step: Get the votes. The electorate must be informed of what legal organization is wanted. Every means of giving the campaign publicity must be used, for the public must be well informed. There are three general laws on the formation of mosquito-control districts in Florida. The first state law dates back to 1925. The general laws published in Florida Statutes of 1941, or Public Laws 388, 389, and 390, provide for the setting up of mosquito-control districts in any county, group of counties, part of a county, parts of several counties, or cities and other incorporated places, and provide several methods of obtaining funds to effect mosquito control. These statutes can be consulted by any group interested in the formation of a mosquito-control district.

Administrative Set-up of a Well-organized District:

A well-organized mosquito control district will normally have a board of commissioners who may be the county commissioners. Almost always this board, as affects mosquito-control, serves without salary and its members are compensated only for necessary expenses incurred in conducting business. The board usually hires a director of mosquito-control, and allows him freedom enough to hire such help as he may need. The amount of personnel will depend altogether on the nature and size of the program **A mosquito-control program is usually only as good as its director.** Therefore the director should be chosen with the greatest care. Given an honest, ingenious, hard-working, well-informed director who is really interested in controlling mosquitoes, the program will be well worth its cost But if the appointment is made a matter of political expediency only, the risk is great that the man appointed would lack not only the

Loading spray-plane from tank truck to airplane. (Photo, courtesy of T. L. Cain, Director, Brevard County Mosquito Control District.)

"know-how" for the job, but likewise the disinterest and impartiality which are essential to the success of a selective control program when such is demanded by the magnitude of the mosquito problem and the limited funds available to abate it. The director of a mosquito-control district has the primary duty of achieving maximum relief from mosquitoes with the funds at his command It requires time to make a proficient director. If the director is selected and resigns or is terminated after only a year's service, two years' time in the setting up of an efficient program will have been wasted: his one year of learning and a similar year of learning for the subsequent appointee. This makes it imperative that a director be chosen who has every intention of staying with the job. If the selection of a director has been given detailed attention, it is only because, as has been stated above, a mosquito-control program is only as good as its director. It's as simple as that.

OPERATION: MOSQUITO

Mosquitoes are not at all difficult to kill. It's an easy job. And yet a mosquito-control operation is not always easy. What makes the difference is the strategy of selection. A district may be completely rid of mosquitoes if funds are unlimited and no consideration is given the harmful effects of over-dosage. It's just a matter of smothering the mosquitoes under an avalanche of poisonous chemicals. But controlling mosquitoes in such a way that money is not wasted, other forms of life are not harmed, and yet the mosquitoes are kept below the threshold of annoyance, — that requires strategy in control operations. Strategy in mosquito-control operations may be defined as **killing mosquitoes at such times and places and in such ways that people get maximum relief for every dollar spent and lose nothing of value in the obtaining of this relief.** At present it is difficult to practice such strategy because too little is known of the breeding and flight habits of mosquitoes. The situation calls for a lot of research.

Old and New Methods: The advent of DDT has revolutionized mosquito-control. It has done this not merely because of its potency as an insecticide but because its widespread use by the armed forces during the recent war was accompanied by the most intensive study of machinery and methods for dispensing insecticides ever attempted in history. Out of all this research have come methods and equipment which, in many respects, antiquate mosquito control methods of long standing.

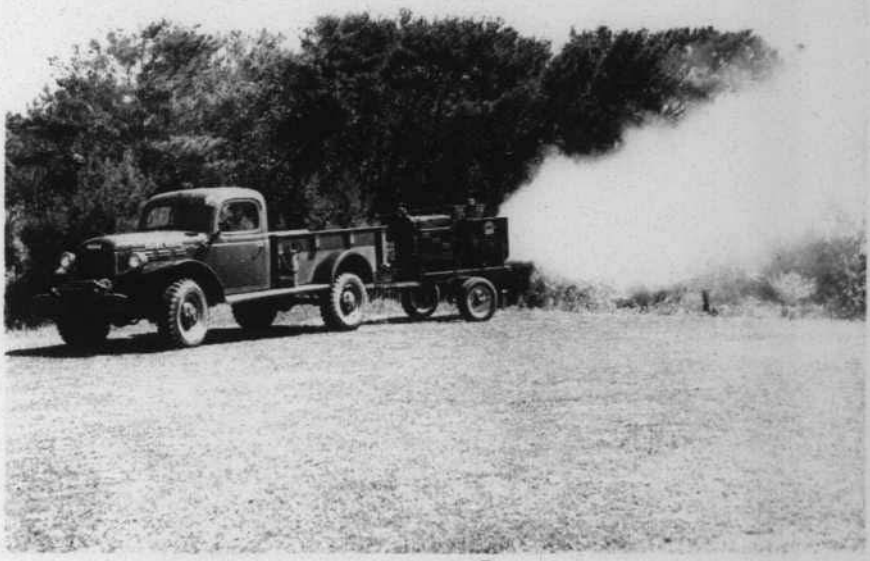
Therefore the older methods cannot now be evaluated in the light of prewar days but must stand up against the competition for economy and effectiveness presented by the newer methods. Control measures in use today range from swatting mosquitoes to fleets of airplanes dumping tons of DDT. All that can be done is to select from information at hand and from **finished** research the safest, most practical, and most economical measures for any particular situation or area.

DDT and Safety: DDT is a poison to many more forms of life than just mosquitoes. So, for that matter, are many other accepted and widely used insecticides. Certain formulations of DDT are highly toxic to aquatic animals such as fish, crayfish, crabs, and others. Beyond certain dosages it can be very toxic to birds and mammals And, finally, no matter how used, it is certain to kill many non-mosquito forms of life. And yet, in spite of all this potential for serious damage, if used properly in mosquito-control, DDT can be as safe as any insecticide used against corn-borers, boll weevils, tobacco worms, or other unwanted insect pests. The danger is definitely there, and the anxiety of conservation interests over the broadcast use of DDT is appreciated. This point is emphasized because newer insecticides will be available as time goes on, and each successive one will probably be more toxic than the last. This will call for ever more competent directors of mosquito-control programs. The natural resources of Florida are far too valuable to be jeopardized by a misguided though well-intended effort to abate a serious mosquito nuisance.

WHAT WILL FLORIDA DO?

Florida has mosquitoes and wants to get rid of them. Florida has money and wants to use it wisely. The two together can be made to add up to comfort, health, and prosperity. But this cannot be done by plunging wildly into mosquito-control without thought for tomorrow or without a realistic appreciation of the price and hazards of the endeavor.

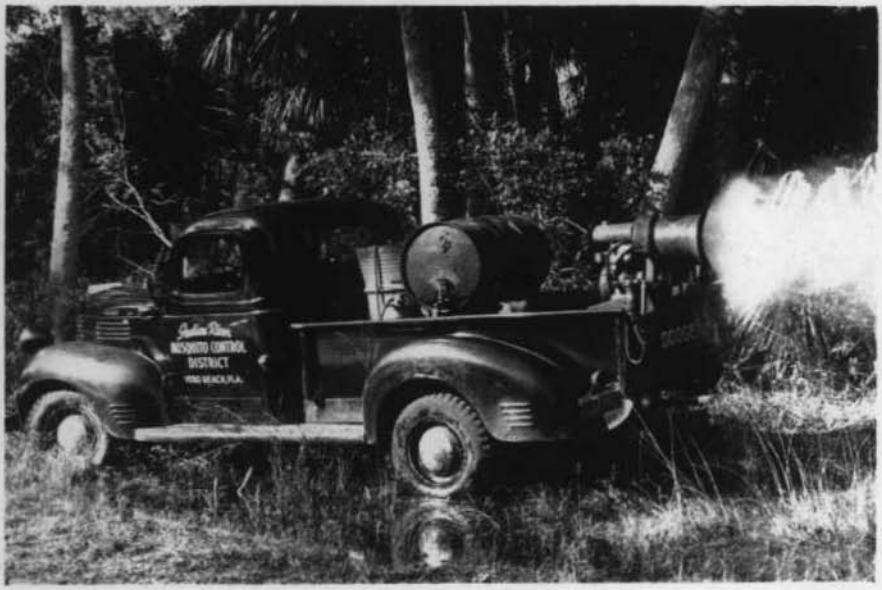
Mosquitoes and the Taxpayer's Pocket: In many ways it's unfortunate that the development of mosquito-control methods has far outstripped the developments of ways and means of evaluating these procedures. In other words, mosquitoes can be controlled and often are without any assurance whatever that the method used was the most effective and inexpensive. This risk to the taxpayer would be unnecessary if adequate means of sampling mosquito populations and of evaluating



Space-spraying against mosquitoes with a Buffalo turbine. (Photo, courtesy of V. S. Minnich, Director, East Volusia County Anti-Mosquito District.)

equipment, material, and procedure in terms of dollars and cents were available and employed. The State Board of Health is planning research aimed at the development of such sampling and evaluating methods. In doing this it will accept the responsibility for not only promoting mosquito-control where needed but for guiding the people of the state in their efforts to get maximum return for the moneys voted for mosquito-control.

What Price Mosquito Control?: We are told that this is a great country and that Florida is a great state. Promotionists may tell us and tell everybody that mosquito-control will make Florida an even greater state. But there's an old, old story about a certain goose having laid a golden egg which apparently recent generations of Americans have never heard. These words may sound caustic to those for whom they were admittedly mean to be so, but to the majority of Floridians they are solely words of warning. One of the reasons why America is great is that this is one country where almost anything can be done—



Space-spraying with a Hession microsol, one of the newest insecticide-dispensing machines. (Photo, courtesy of W. F. Cox, Chairman, Indian River County Mosquito Control District.)

for a price. But the real price is too often something far more valuable than money: **the natural resources which are the one and only God-given, material inheritance of generations unborn.** The price of too many industrial and community expansions in Florida has been pollution of waters of great importance to industries and communities. Here is the goose and here is the egg. In like manner, the price of mosquito-control **can** be the pollution of both land and water, for insecticides used excessively are, in every sense of the word, pollution. Thinking people, while granting that mosquitoes are undesirable, will also see beyond the mosquitoes. They will realize that the infinitely intricate pattern of soil, water, plant, and animal which is man's non-man environment on earth has values which dwarf on a grandiose scale the mere elimination of mosquitoes. Therefore they can adopt but one logical attitude towards mosquito-control: it is desirable and yet in the perspective of value and time it must be practiced with utmost care.

ORGANIZED MOSQUITO-CONTROL DISTRICTS IN FLORIDA

The organized districts discussed below do not include the many towns and cities which are carrying on mosquito control, sometimes on a large scale, through their sanitary, medical, public works, or other departments. Nor do they include several communities or portions of counties which have carried on such work on the basis of wholly voluntary contributions of residents. Several large industries employing and housing considerable personnel have carried on control of mosquitoes as a phase of their employees health programs. All these programs serve as a most valuable and desirable adjunct to the efforts of organized districts. They have the whole-hearted support and commendation of the State Board of Health, which stands ready at all times to advise and guide them in their mosquito-control endeavors.

EAST VOLUSIA ANTI-MOSQUITO DISTRICT

Directors: Mr. V. S. Minnich, Daytona Beach
Mr. Wm. C. White, New Smyrna Beach

The district was organized in 1937 and 1938. It is divided into two areas, each supervised independently. The major problem is control of salt-marsh mosquitoes. The control methods employed include ditching, hand and machine spraying from the ground, airplane spraying, and dusting. The total amount of insecticides dispensed in the district in 1947 approximated:

28,500 gals. of 5% DDT in oil, by airplane
1,200 gals of 5% DDT in oil, by ground spraying equipment
5,000 lbs. of 10% DDT dust, by airplane.

BREVARD MOSQUITO CONTROL DISTRICT

Director: Thomas L. Cain, Jr., Cocoa

This district covers the entire county. It was organized in 1937. It is administered by one director with several assistants. Though some fresh-water mosquitoes require control measures, the main efforts are directed against salt-marsh mosquitoes. In the past considerable ditching was done in the salt marshes, but today the burden of work rests solely on airplane spraying. Materials dispensed in 1947 were:

85,900 gals. of 5% DDT in oil, by airplane.

INDIAN RIVER MOSQUITO CONTROL DISTRICT

Chairman. Mr. W. F. Cox, Vero Beach

The eastern portion of Indian River County was organized into this district in 1925. It is under the direction of three board members. The major problem is control of salt-marsh mosquitoes. Although in the past much ditching was done, the control method now employed is airplane spraying and spraying and fogging from the ground. Insecticides dispensed in 1947 included:

36,500 gals. of 2½% DDT in oil, by airplane
1,000 gals. of 5% DDT in oil, by the ground equipment.

ST. LUCIE COUNTY MOSQUITO CONTROL DISTRICT

Director: Mr. John B. Hull, Ft. Pierce

The district was organized in 1927 and includes the entire county. Though the major pests are salt-marsh mosquitoes, the glades mosquito is locally a problem. Ditches dug in the past are maintained, but most of the actual control is done by means of airplane and ground-equipment dispensing DDT. During 1947, the following amounts of insecticides were dispensed:

11,285 gals. of 5% DDT in oil, by airplane
6,618 gals. of 5% DDT in oil, by ground equipment.

MARTIN COUNTY MOSQUITO CONTROL DISTRICT

Director: Mr. Mark A. Witham, Stuart
(information not available at present)

PALM BEACH COUNTY MOSQUITO CONTROL DISTRICT

Director: Mr. Edwin L. Seabrook, West Palm Beach

This county-wide program was organized in 1940. Salt-marsh mosquitoes are controlled by marsh ditching and by spraying from the ground. Glades mosquitoes are troublesome at times. Mansonias are a considerable problem, chiefly because their control is so difficult. Some domestic mosquito control is done. The program is based largely on control with DDT emulsions. In 1947, 87,100 acres were treated.

BROWARD COUNTY ANTI-MOSQUITO DISTRICT
Director: Mr. J. H. Bertholf, Fort Lauderdale

This district was organized in 1933 and includes the entire county. It is estimated that 80% of the mosquito nuisance is caused by salt-marsh breeders, while glades mosquitoes account for the remainder. The older ditching methods have been largely supplanted by DDT spraying from the air and from the ground. The 1947 season was the worst on record for mosquito-breeding and approximately 20 major flights visited the county. The insecticides used amounted to:

18,000 gals. of 5% DDT in oil, by airplane
1,900 gals. of 5% DDT in oil, by ground equipment
5,300 gals. of 2½% DDT in water emulsion, by ground equipment

DADE COUNTY ANTI-MOSQUITO DISTRICT
Director: Mr. Fred H. Stutz, Miami

The district was organized in 1933 and includes the entire county. The major problems are those created by salt-marsh mosquitoes, and domestic mosquitoes. Major work includes premise inspection for yellow fever mosquitoes, catch-basin spraying, and spraying from air and ground against all mosquitoes, chiefly the salt-marsh breeders. Materials used in the 1947 season included:

13,282 gals. of 5% DDT in oil, by ground equipment
8,440 gals. of 5% DDT in oil by airplane
2,976 gals. of 2½% DDT emulsion

SARASOTA COUNTY ANTI-MOSQUITO DISTRICT
Director: Mr. J. Melton Williams, Sarasota

This district was organized in 1941 but did not start operations until 1946. It includes the entire county. The problem is primarily the control of salt-marsh mosquitoes and glades mosquitoes. Airplane spraying of DDT in oil is the only method of control ever employed in the district. In 1947 the following amount of insecticide was used:

21,000 gals. of 5% DDT in oil, by airplane.

PINELLAS COUNTY ANTI-MOSQUITO DISTRICT
Directors: Messrs. R. P. Templeton and Henry Rogers, Clearwater

The district was organized in 1929 and includes the entire county. The control is directed mainly at salt-marsh mosquitoes and domestic mosquitoes. The program of ditching, filling, oiling, inspecting, and stocking minnows has been augmented by the use of fog machines and other ground-spraying equipment. Materials used in 1947 included:

54,342 gals. of 10% DDT emulsion, by ground equipment.

For further information on this subject, please write
The Division of Entomology
Florida State Board of Health
Jacksonville, Florida

OUR OWN WHO'S WHO

"From One State Health Officer to Another" might well be the caption of this picture showing Dr. Wilson T. Sowder, State Health Officer, giving a Forty-year Membership Certificate to Dr. B. L. Arms, in the name of the American Public Health Association. Dr. Arms was State Health Officer from 1925-1929, and previous to that had served eight years as Director of the State Board of Health Laboratories. For several years prior to retirement he acted as Health Officer of the Jefferson County Heatlh Department, Monticello, Florida.

One of the outstanding public health nurses in Florida is Mrs. Olivia Todd, supervising nurse for the Orange County Health Department. Mrs Todd has held this position since the organization of the department in 1937. She is a native of Michigan and a graduate of the Augustana Hospital, Chicago. She received her public health certificate from Peabody College, Nashville, Tenn., and did post graduate work at Columbia University and the University of Chicago.

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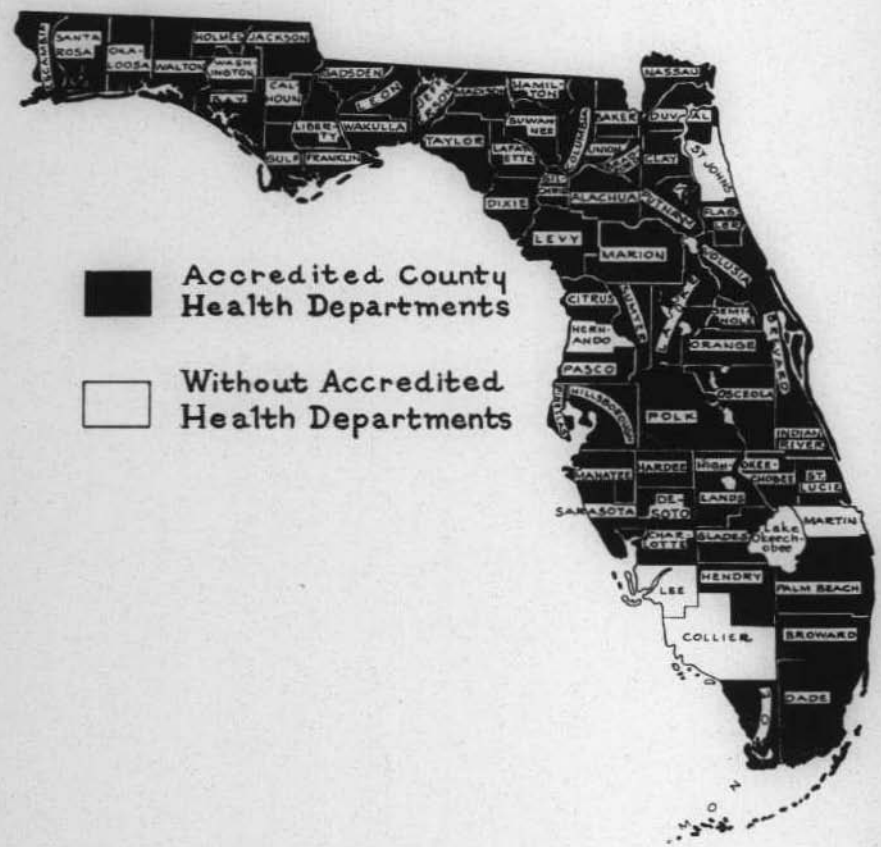
Directing the activities of the largest local sanitary division, that of the Dade County Health Department, is an "old timer" in his field, Russell Broughman. He came to the Florida State Board of Health in 1924 and then served as district sanitary officer with headquarters in West Palm Beach, Orlando, Tampa, and Bartow. He was closely linked with the mosquito control movement in Florida, and made the mosquito surveys in Dade, Martin, Palm Beach, Sarasota and Volusia counties which resulted in mosquito control districts being formed. Mr. Broughman went with the Dade unit in 1941 and now has a division consisting of 28 persons.

"The Health of the people is really the foundation upon which all their happiness and all their Powers as a STATE depend."
—Disraeli (1877)

STATE OF FLORIDA



Florida HEALTH NOTES

PUBLISHED BY THE FLORIDA STATE BOARD OF HEALTH
JACKSONVILLE - JUNE, 1948 - VOL. 40 - No. 6

ACTIVITIES BUREAU OF NARCOTICS

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Gulf	Port St. Joe
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Hardee	Wauchula
Hendry	La Belle
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Indian River	Vero Beach
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Leon	Tallahassee
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Liberty	Bristol
Madison	Madison
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Marion	Ocala
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Okeechobee	Okeechobee
Orange	Orlando
Osceola	Kissimmee
Palm Beach	West Palm Beach
Pasco	Dade City
Pinellas	Clearwater
Polk	Bartow
Putnam	Palatka
Santa Rosa	Milton
Sarasota	Sarasota
St. Lucie	Ft. Pierce
Seminole	Sanford
Sumter	Bushnell
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Florida HEALTH NOTES

ESTABLISHED 1890

THE PROBLEM

It is regrettable that we have in this world of ours persons who unlawfully sell narcotics to wretched drug addicts; that there are those who masquerade as reputable licensed physicians and prey on the ignorant sick; that we have drug store proprietors who allow unlicensed and incompetent persons to dispense dangerous drugs. True, this group is small, but for every one that exists large numbers of our people are placed in danger. The Bureau of Narcotics concerns itself with the above conditions and their allied problems, but a staff of five inspectors cannot possibly do the job alone; it is up to the individual citizen to assist in every way possible their local law enforcement officers; to outlaw those who jeopardize our health and happiness.

M. H. Doss, R.PH., Director
State Bureau of Narcotics

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Shown is M. H. Doss, bureau director, holding a bogus medical diploma which has been used by a "quack" doctor. You will notice that the inscription on the diploma is artfully done in Latin.

DOPE, DOCTORS AND DRUG STORES

By MIRIAM GIBSON, Press Secretary

NARCOTICS

"Dope peddling is the lowest conceivable form of crime. And you are just as guilty as a murderer—for you have been peddling murder!"

Such were the words of a Jacksonville judge recently, as he sternly sentenced a prisoner to three years in the State penitentiary at Raiford for violating the Narcotics Act.

Expressing himself even more vehemently, the judge told the prisoner that "You are the kind of an individual who makes parents fearful for their children!"

Conviction of this man ended, at least for a while, the career of a type of criminal literally despised by all who have witnessed the terrible devastation of human lives caused by addiction to drugs.

A 'dope peddler" is considered to be one of the lowest creatures of the underworld because his motive for selling drugs is greed. He does not consider that the pitiful wrecks of human beings he supplies with illicit narcotics are going still further down into the bottomless pit that is the lot of too many persons who become addicted to habit-forming drugs. Truly, a "dope peddler" is a vulture.

The elimination of such criminals and their practices is one of the many duties of the Bureau of Narcotics of the Florida State Board of Health, for they are charged by law with enforcing the Uniform Narcotic Drug Law, the Medical Practice Act and the Pharmacy laws of this State.

CAPTURING A NARCOTICS PEDDLER

The particular peddler referred to above was captured by narcotic agents of the State Board of Health after several months of careful investigation. He was first suspected of securing his supply of drugs (cocaine, in this case) from a cohort on a ship that made periodic stops at the Jacksonville port. Then the narcotic agents, having their suspicions strongly aroused, started setting a trap for the suspected men. Realizing that he was probably familiar with narcotic agents in the Jacksonville area, another agent was brought in from the west coast district to do undercover work on the case. Managing an introduction to the peddler, the agent then displayed interest in purchasing narcotics. Working cautiously so as not to arouse suspicion, the agent first bought a small amount of cocaine, later increasing the amount of his purchases. Then came the day to spring the trap.

Securing marked money from the narcotics bureau, the agent made another date to meet the peddler on a downtown street. Two other agents prepared to witness the purchase, armed with a warrant for the arrest of the peddler. The plot went over smoothly for just as the exchange was made, the agents who witnessed the transfer stepped up and arrested the peddler. Thus, they were well supplied with evidence when charges were made. The peddler confessed and told agents that he was a member of a narcotics ring in New York and that this ring allegedly secured its supply of drugs from another gang in Central America. So ended the career of the "dope peddler.' Unfortunately, there are many others.

ADDICTS AND COMMONLY-USED DRUGS

"Why do people become addicted to narcotics? And how do they secure drugs?" are questions often asked.

Here are some of the answers: Some people become addicted to habit-forming drugs after being given narcotics in time of illness to relieve their pain. They find when the sickness is past, they have become victims of another, more horrible malady—a craving for narcotics! Others actually may be in pain and believe that their only relief lies in taking drugs, while still others, hypochondriacs, suffer from fancied illnesses.

Because of the terrific pressure under which they must work at times, sometimes doctors and nurses resort to drugs for the temporary relief afforded them by such medication. However,

of this group (and their number is small) a high percentage are cured of the drug habit through their own efforts. One reason for this is that they get panicky when they realize they are becoming addicted to narcotics. Aiding their efforts to cure themselves, is the unpleasant picture of patients they have known who have begged them for drugs. Usually, with the help of others in their profession they are able to break the habit and pull themselves back to normal.

Inability to face the harsh realities of life has caused many addictions to narcotics. For the cares of the world may be forgotten, while indulging in this vicious habit, and the addicts escape to a dream world of their own.

OPIUM

Opium smoking is perhaps the most common practice of this group for they say that when they smoke a pipe of opium they drift off into a beautiful world and dream of anything they choose. According to the Bureau of Narcotics an "opium den" has never been uncovered in this State although they have had many cases where the persons involved were opium addicts.

MARIHUANA

The most vicious of all drugs is marihuana. This drug, known correctly as **"cannabis sativa,"** is a weed that will grow anywhere. On two occasions narcotic agents found patches of the weed within two miles of the Florida State Board of Health's central office. After careful curing, this weed is rolled into cigarettes and smoked. It is used mostly by younger people and thrill seekers and has a tendency to destroy fear, space and time, and it is also a sex exciter. Musicians have been known to smoke marihuana so they can obtain more energy and consequently, accelerated rhythm. Recently, the narcotics bureau, working through one of their negro undercover agents, arrested two young members of a negro orchestra playing engagements in Florida. These two men were charged with selling marihuana cigarettes. They were both convicted and sentenced. The evil effects of marihuana are demonstrated by a case in Tampa several years ago where a young man killed his father, mother, sister and two brothers, while under the influence of this drug. He was arrested, later escaped and is still at large.

MORPHINE

This drug is derived from opium and is the most commonly used of all narcotic drugs. Legitimately, it is worth about two cents a grain, but bootleg morphine brings $20 a grain at present. Addicts may spend from $20 to $30 a day to satisfy their craving, or "yen" for the drug.

BENEFICIAL ASPECTS OF NARCOTICS

Here we would like to stop and say that the blessings of narcotics are many. They are used to alleviate pain, often after operations, during acute illnesses and in the last stages of such terrible diseases as cancer. **IT IS THE MISUSE** of narcotics that makes them such a menace to society.

PAREGORIC

This is probably the best known of all palliatives. In many households it has become a standard part of the medicine cabinet. Used properly, it is an excellent drug, but it is habit-forming when used indiscriminately. Paregoric and certain cough medicines, which contain small amounts of codeine, are the only medicines containing narcotics which may be purchased without a physician's prescription. You may buy two ounces of paregoric in a 48-hour period by signing for it. Cough medicine containing codeine may be purchased the same way. However, there are many violations of this privilege by drug addicts who sign fictitious names at a number of drug stores to obtain supplies of paregoric. Because of their terrific craving for "dope," addicts have been known to drink entire bottles of certain cough syrups for the effect of codeine, contained therein. Eventually these unfortunates are caught and punished for this practice. Druggists keep a sharp eye for these violators and when they suspect a customer, they give the Bureau of Narcotics a call. Agents are assigned to check the pharmacist's prescriptions for forgeries, then they compare suspicious signatures with those at other drug stores. If several are found to match, the hunt is on.

Examining an opium pipe that was confiscated by narcotic agents is R. K. Rand, Jacksonville detective assigned to the Bureau of Narcotics and Miss Ann Barker, secretary to M. H. Doss, bureau director. The cabinet in the picture contains a varied collection of narcotics seized by agents.

OTHER FORGERIES

A popular method used by addicts is to obtain narcotics (and one of the biggest headaches narcotic agents have) is to walk into a physician's office on some pretext, steal the physician's prescription blanks, forge his signature and present the prescription to a druggist. Addicts become quite apt at this practice, so much so that they can write a prescription in Latin. But here again, suspicious pharmacists call in narcotic agents. The forged prescription is picked up, taken to the physician whose name appears on it. Upon his denial that he issued it—the search begins for the violator.

WHAT HAPPENS TO DRUG ADDICTS?

"Once an addict—always an addict," is not invariably true. The Florida State Board of Health, and other agencies vitally interested in the rehabilitation of narcotic addicts, have maintained the firm conviction that many persons who form a habit of taking drugs, can be cured of this habit. Especially is this true if potential addicts are reached in time.

LAW

According to law, any persons habitually using any narcotic drugs "so as to endanger the public morals, health, safety and welfare, or who is or has been so addicted to the use of narcotic drugs as to have lost the power of self control with reference to such addiction" is subject to a court hearing, upon filing of an affidavit to that effect by any narcotic officer of the State Board of Health. If charges against that person are proven, he may be committed to the State prison hospital for treatment until cured.

AGENTS AS SOCIAL WORKERS

Because of their belief that many addicts can be returned to normal living, the Bureau of Narcotics does not act merely as "penitentiary agents," but as social workers interested in helping addicts to help themselves. They never overlook deserving cases, particularly where persons have just begun the "habit." In such cases, narcotic agents usually reason with the persons and try to

persuade them to commit themselves for treatment, either at the State Prison Hospital, one of the Federal institutions, or some private sanitarium. Should they decide to go to Raiford Prison Hospital, their case is treated confidentially and they are not prisoners while there. Nor do they have a criminal record staring them in the face when dismissed. The Narcotics Bureau acts in this capacity for it is felt that the narcotic addict cannot break the drug habit without assistance. Even now, the State Board of Health is making plans for the establishment of a narcotics hospital at Raiford in conjunction with the State Penitentiary. If this plan is successful, Florida will be one of the outstanding states in the intelligent handling of their narcotic problem.

ENFORCING THE MEDICAL PRACTICE ACT

As Florida is a tourist state, it is only natural that a number of self-styled "physicians" should attempt to practice here—and because they are self-styled, to try and do so without obtaining a license or being qualified in any manner. For the protection of those persons, who through ignorance may seek treatment from "quack" doctors, the Bureau of Narcotics, working closely with the State Board of Medical Examiners, is ever on the alert to put a stop to such practices by untrained, incompetent persons—for this group comprises a definite threat to our people in need of adequate medical care.

MEDICAL PRACTICE LAW

The law governing the practice of medicine in this State says that any person who practices medicine must be licensed by the Board of Medical Examiners and then registered by the Bureau of Narcotics. A license to prescribe narcotic drugs must be approved by the Narcotics Bureau.

BOGUS DIPLOMAS

"Quack" doctors, in their attempt to "get-rich-quick" from profits reaped from gullible patients, may go so far as to secure fake diplomas and licenses. These bogus certificates are usually obtained from forgers. Narcotic agents were instrumental in breaking up a "diploma mill" several years ago. They first heard of the mill when they discovered a "quack" practicing medicine

Narcotics in practically all forms have been seized by narcotic agents and in this picture, R. R. Bellinger, State narcotic agent, and A. P. Rogers, Federal narcotic inspector, examine samples of opium and morphine. Mr. Bellinger is holding cubes of morphine while Mr. Rogers inspects a chunk of "unrefined" opium.

with a fictitious medical license, and a fake diploma from a non-existent medical school. Suspecting the pseudo-physician they decided to try and get first-hand evidence against him. They sent one of their men in for treatment. When the "doctor" attempted to treat the narcotic agent's fictitious illness, even giving him a prescription, the "quack" was arrested and charged with illegally practicing medicine. His arrest led to a thorough investigation and the trail led to Tampa where these "Quacks" had been securing their diplomas. The individual in charge of the "mill" had been turning out diplomas and licenses by the dozens and was receiving anywhere from $700 to $1,200 apiece for them. Needless to say, the proprietor was arrested, convicted and sentenced.

AND WAS HE SURPRISED!

It is with much amusement that Mr. Doss, Director of the Bureau of Narcotics, relates the case of the so-called physician he arrested for violation of the Narcotics Act. Solution of this particular case started when Mr. Doss arrested a known addict and caught him with a package of narcotics in his possession.

"I'll put you in touch with the big man **who** I've been getting the stuff from," cried the addict, "if you won't send me back to jail. I just got out the other day."

"All right," said Mr. Doss, "you call him and tell him that you have a buyer for some 'dope.'"

The physician who was peddling narcotic drugs lived in Georgia. Arrangements were made whereby he was to bring a supply, worth $100, to Jacksonville. Mr. Doss met the physician in a downtown hotel room and the transfer was completed.

"You won't make any record of my buying this stuff?", asked Mr. Doss.

"Certainly not," snapped the doctor, "Why, you don't think those dumb narcotic agents can catch me, do you?"

"I don't know," replied the "dumb" narcotic agent, "I hear they catch quite a few peddlers."

"Why, I've been at this for years and they haven't been able to pin anything on me yet," boasted the physician.

As the doctor rose to leave, Mr. Doss shook hands with him, depositing, as he did so, an object in the physician's hand. The doctor looked down at his palm, gasped in sheer consternation, and dropped the object as if he had suddenly taken hold of a rattlesnake. **The object was Mr. Doss' police badge.**

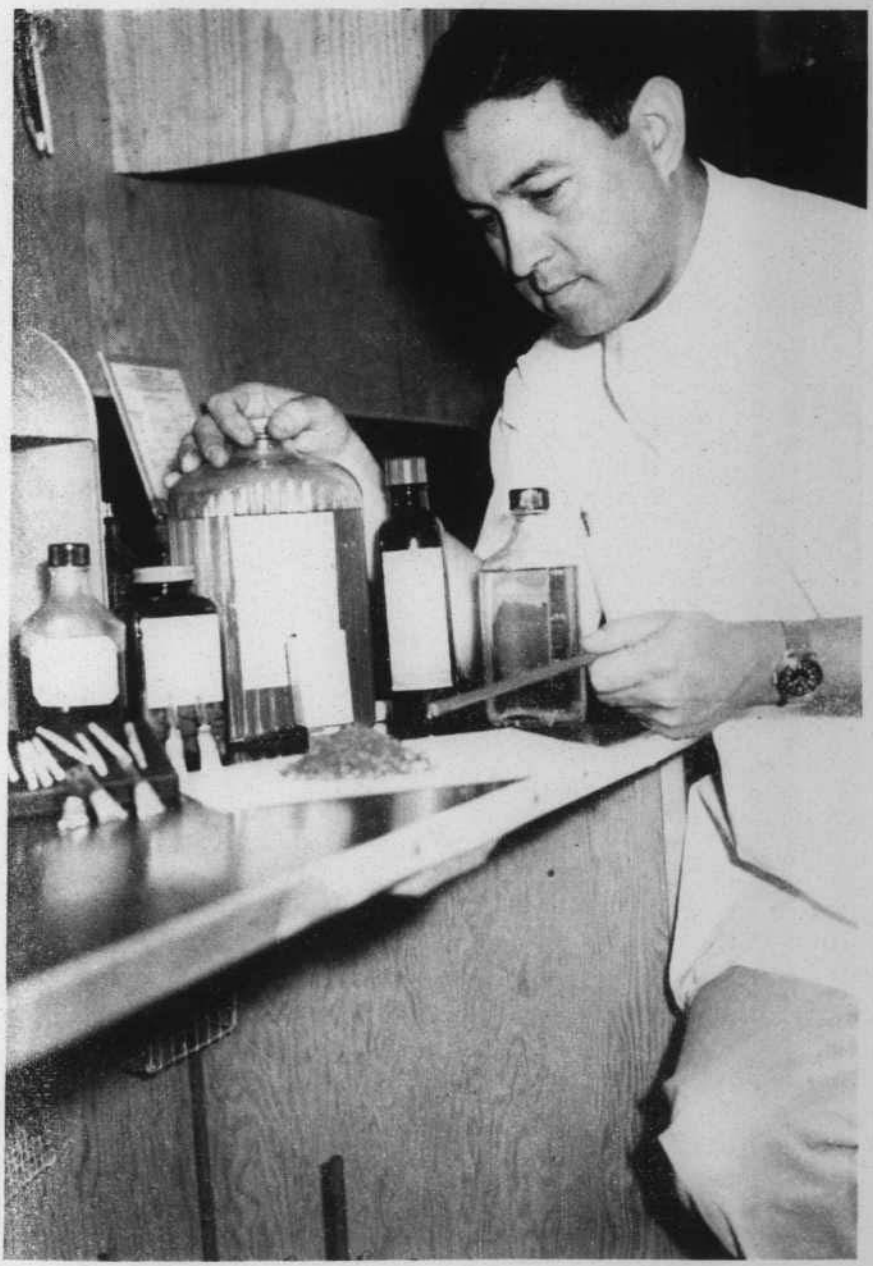
PHARMACY DRUG AND SIGN ACT

As American as the "hot dog" is the habit of going to the drug store for a coke, a sandwich, magazine or for medicine of all kinds. In fact, the term "'drug store" has become so universally popular that it is automatically applied to practically any soda fountain, sundry shop, or any place where friends meet for refreshment and "small" talk. But, by law, only those places that have a licensed, registered pharmacist on duty at all times to dispense or compound narcotic drugs and certain other medicines, may be legally termed a pharmacy or drug store. Pharmacists, before they practice in this State, must secure a license from the State Board of Pharmacy and they must register with the Bureau of Narcotics. Also, their license to dispense narcotic drugs must come from this Bureau. Wholesalers, manufacturers or producers of drugs must also be licensed by the Narcotics Bureau. Checking such establishments to see that they are complying with the laws, occupies a good portion of the Bureau's time. But there have actually been very few violations over many years.

Narcotic agents are also required by law to make periodic, unannounced inspections of the books and other records kept by drug stores and pharmacies. The amount of narcotics purchased by the firm, the physicians' prescriptions and the records of all narcotic drugs dispensed must balance—one with another.

CHEMISTRY'S PLACE IN BUREAU OF NARCOTICS

Vitally necessary to the operation of the narcotics bureau is the Chemistry Division of the Bureau of Laboratories. For without chemical analysis of all seized materials, suspected of containing narcotics, there could be no conviction of suspects. This Division actually functions as a "proving ground" for narcotic agent's suspicions. When materials are seized they are immediately turned over to the chemist for testing. The suspected drugs are then run through various tests to determine what, if any, narcotic is present and in what amount. The chemist's services are not only valuable in aiding agents secure the convictions of "dope peddlers," but sometimes it helps to balance the scales of justice as in the following instance. Agents picked up samples of cigarettes that a peddler was selling for marihuana. Chemical analysis showed that the so-called marihuana was nothing but "rabbit tobacco," a weed well known and smoked by many youngsters in this part of the country.



Howard M. Nelson, narcotic chemist with the Florida State Board of Health, points to a pile of marihuana "tobacco.." On the left may be seen marihauna cigarettes. The bottles in the background contain certain "quack" medicines which were sent into the laboratory for testing to see if they contained narcotics.

THE MOST HEINOUS CRIME OF 1933

Victor Licata, Tampa, Florida, on October 17, 1933, while under the influence of Marihuana, murdered his Mother, Father, Sister and Two Brothers, WITH AN AXE while they were asleep.

Many samples of "sure-cure" remedies are sent into the division for testing, usually to see if they contain narcotics or harmful ingredients. The chemist has received such samples as a quart size bottle of pinkish fluid that was being sold for five dollars a bottle and "guaranteed" as a one-day cure for syphilis, and a container of brownish-looking fluid that has been sold as a cure for cancer. Both of these bottles had no curative value of any kind.

BARBITURATES

The control of barbiturates does not lie in the hands of the Bureau of Narcotics. Barbiturates are not classed as a narcotic but as a habit-forming, dangerous drug. Control of this drug comes under the jurisdiction of the State Department of Agriculture.

The public is warned, however, to always secure a prescription for barbiturates from a licensed physician and have that prescription filled by a licensed pharmacist. Indiscriminate use of barbiturates is dangerous.

Sulfa drugs are also classed as dangerous, though non-habit-forming drugs, and should be dispensed only by a physician's prescription.

CONCLUSION

"Addiction to narcotic drugs and violations of the law which go hand in hand with this affliction, are increasing and will continue to do so for the next five years," warns Mr. Doss. "This increase is to be expected, however, due to the stress and strain caused by the war years. We are even now completing from 75 to 90 criminal prosecutions a year and making hundreds of investigations."

"Although the State Board of Health is moving as rapidly as possible to take additional steps to combat this problem, it bears repeating that the cooperation of all individuals is necessary in the fight to eliminate this blot on our civilization."

For further information on this subject, please write the Bureau of Narcotics, Florida State Board of Health, Jacksonville, Florida.

TOTAL SUMMARY OF ACTIVITIES

Total number open inspections	2,138
Total number investigations	1,122
Total number arrests	92
Total number violations corrected where no legal action was taken	114
Aggregate sentences imposed by the courts	59 years, 10 months, 3 days
Aggregate fines imposed by the courts	$3,825.00
Total number defendants receiving probation, deferred or suspended sentences	18
Total number cases discharged or nolle prosequi by the courts	4
Total number narcotic addicts confined to State or Federal institutions for treatment	7
Total number cars seized under State Narcotic Vehicle Seizure Act	4
Total number cases resulting in an acquital by jury	4
Total number miles driven	105,764

WHAT YEAR WAS THAT?

STREAM POLLUTION THEN!

"It is incumbent on the department to see that all possible dangers of infection . . . are eliminated. Fortunately, the dangerous elements in sewage can be entirely removed by **a proper system of treatment,** and it is evident that such a system ought to be, and must be, installed whenever a city discharges sewage into any stream subsequently used for drinking water. It is a pity that every community does not voluntarily assume this responsibility. In olden days, no crime was so atrocious as that of poisoning wells. But in these days, one city poisons another's water supply without the least hesitation and with little or no protest except from the State Department of Health." (HEALTH NOTES—March, 1907).

NOTHING NEW UNDER THE SUN!

The day must come when the suppression of the gonococcus shall rank in sanitary importance with the destruction of the mosquito. (HEALTH NOTES—March, 1907).

HERE GOES THE NEW LOOK!

Dr. Walter S. Graham's talk at Civics Committee meeting in Miami—

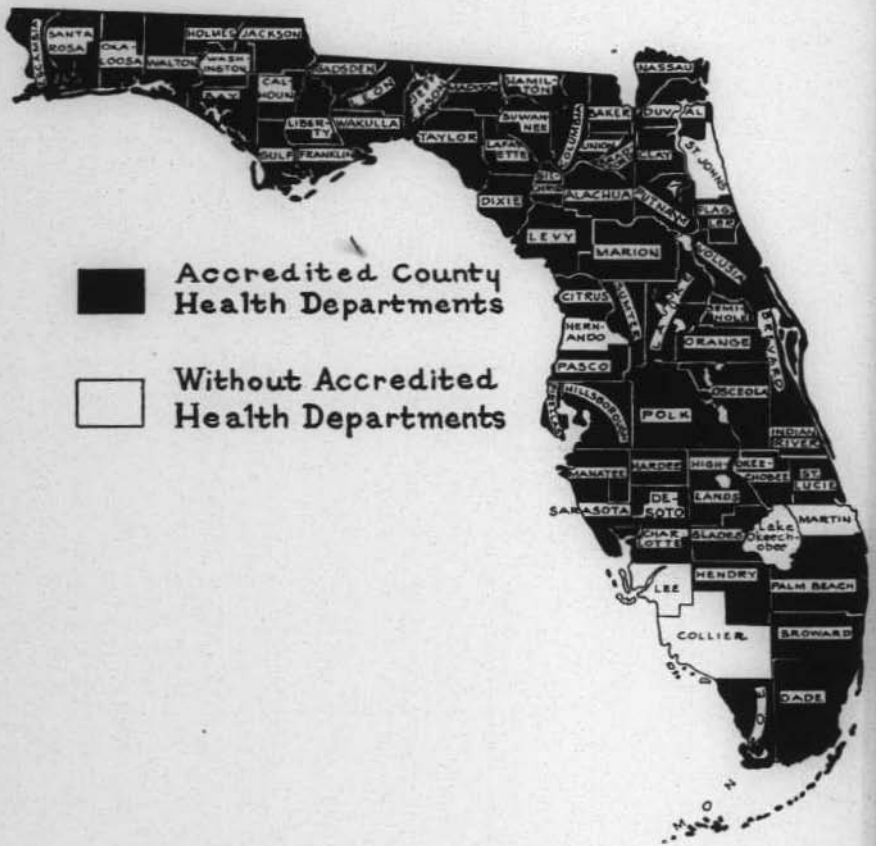
He gave statistics from the State Board of Health and cautioned especially the women within his hearing of the danger of wearing long skirts. He advocated most emphatically the adoption of short skirts, especially for street wear, explaining that millions of germs were carried into homes by the agency of the long skirt. (HEALTH NOTES—1908).

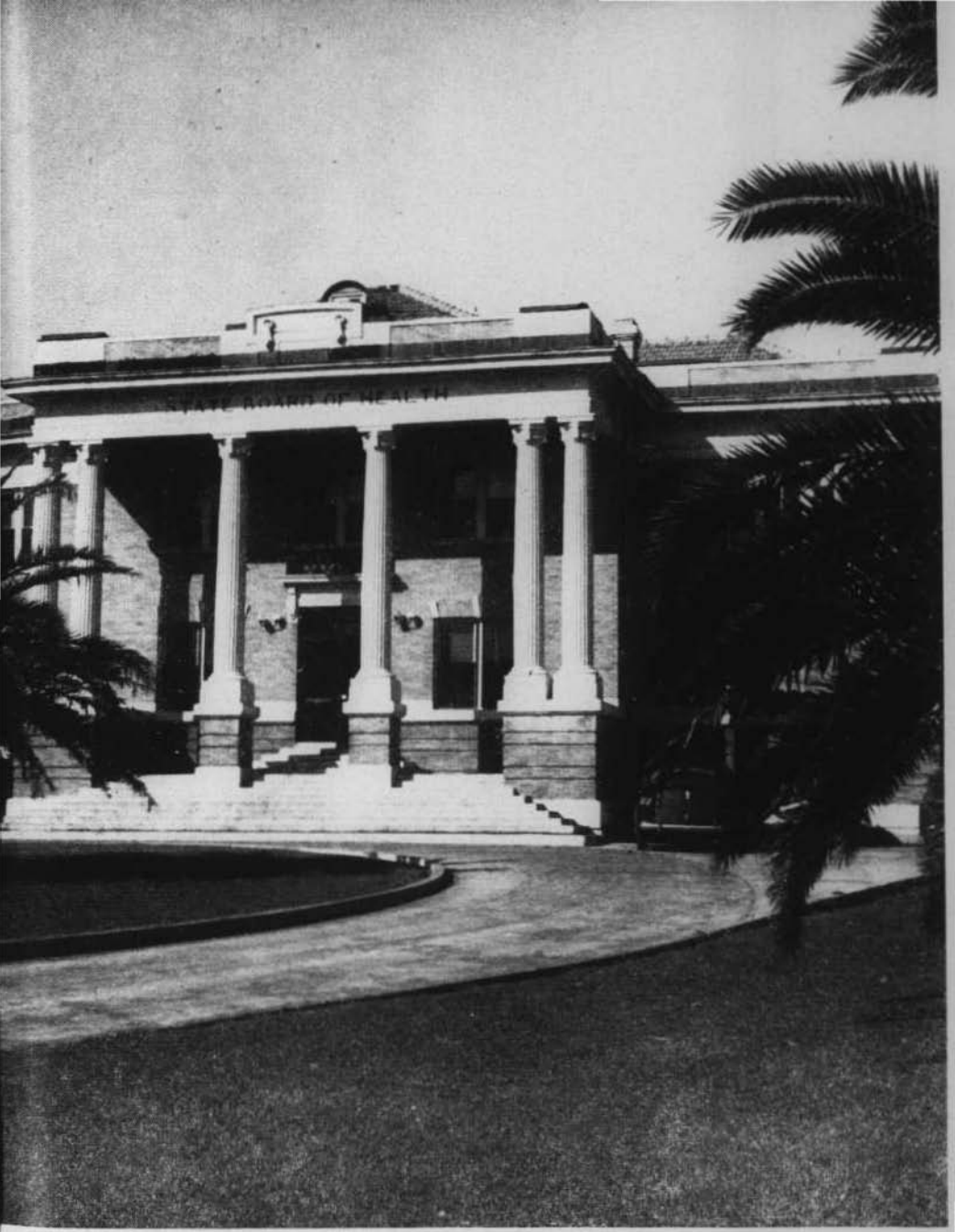
THEY WERE MODERNS!

"The time is surely coming when preventive medicine shall have reached such a degree of perfection that the occurrence of epidemic disease will be felt as a gross reproach to the community which it assails—we have occupied the undignified position too long of merely subsisting on the misfortunes of our fellow-men. It is time for us to rise to a higher plane as philanthropists in our efforts to improve the health of the people by removing the causes of disease." (Paper read at the second annual meeting of the Florida Medical Association in 1875 by Dr. John P. Wall).

"The Health of the people is really the foundation upon which all their happiness and all their Powers as a STATE depend."
—Disraeli (1877)

STATE OF FLORIDA





Florida HEALTH NOTES

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DIABETES—A PUBLIC HEALTH PROBLEM

The State Board of Health

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Governor of Florida

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Florida **HEALTH NOTES**

FOREWORD

Prior to the discovery of insulin the outlook for the patient suffering from diabetes mellitus was usually a hopeless one. The descendants of those suffering from this disease were few. For the past twenty-five years the percentage of diabetes in our population has been steadily growing until today the problem of handling the diabetic patient has assumed large proportions in the medical profession. Due to the longevity of the general population and if diabetes is inherited as it is presumed to be, it will of necessity become more serious each year.

It is now fully recognized that the disease is more than merely one of treatment and due to the enormity of the problem it is evident that the private practitioner of medicine cannot hope to handle all phases of its management. The only agency equipped and prepared to undertake the necessary procedures is the U. S. Public Health Service. The entrance of the U. S. Public Health Service into this field offers much hope for the future handling of the diabetic problem as a whole.

Florida is very fortunate in having the U. S. Public Health Service establish in this state in Duval County the first demonstration of this kind ever to be made in the United States. While at the Baker Clinic in Boston in the fall of 1946, I discussed the survey then being carried on in a neighboring city and the possibility of undertaking the project now underway in Duval County. Dr. Malcolm J. Ford was given this assignment and arrived in February, 1947. Through the advisory committee representing organized medicine he has cooperated with the local physicians in every respect in his effort to do an excellent job in a new field. Dr. Ford and his co-workers are making every effort to educate the public to the seriousness of this disease and to ferret out new cases which would otherwise not be found.

Dr. Ford recognizes the necessity for an understanding on the part of the physician of the nature of this disease. There is no intention now or in the future to undertake treatment. It cannot be overemphasized however that the private physician who undertakes to treat diabetes must have some knowledge of its nature and the modern treatment. It is not merely a reflection on the physician himself but on the profession generally when a doctor sends a patient home saying, "Go home. Take some insulin and cut out starches." The American people are justly proud of their medical profession and they should not be disappointed.

T. Z. Cason, M.D.

(NOTE: Dr. Cason is chairman of the Medical Advisory Committee, U.S.P.H.S. Diabetes Demonstration Unit, Jacksonville, Fla. He is a practicing physician who has directed the diabetes clinic at the Duval County Hospital for the past 23 years).

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A blood test is necessary to diagnose diabetes and here Miss Helen Lichwell, laboratory technician with the diabetes unit, takes a blood sample from a young lady who is interested in knowing whether she has diabetes.

Diabetes—A Public Health Problem

MALCOLM J. FORD, M.D., M.P.H., Director
U. S. Public Health Service Diabetes Demonstration Unit, Jacksonville, Florida

WHAT DIABETES IS

Diabetes is a condition in which the body cannot properly use the sugar in the food eaten. This happens when there is not enough of the secretion known as insulin. This substance insulin is one of the endocrine secretions, or those which are emptied directly into the blood stream. The body must have insulin in order to burn and store sugar, and burning and storing of sugar is necessary for life. Most foods contain some sugar, pies and cakes more, green vegetables less.

WHAT HAPPENS IN DIABETES

The sugar in the food eaten is absorbed into the blood as in the normal person. However, it cannot be taken up in the tissues unless insulin is present. If the sugar is not used it begins to pile up in the blood, then we say that the "blood sugar is too high." But one of the kidneys' duties is to keep the blood from accumulating too much of any one substance. This they do by "dumping" the excess out of the body through the urine. This is then what brings about two of the most important things found in diabetes—too much sugar in the blood and sugar in the urine.

When the body cannot burn the sugar, even though there is sufficient available, it wastes away and if the process is not halted the person starves in the face of plenty. When sugar cannot be burned, the body then burns its own fat in excessive amounts. This excessive burning of fat produces poisonous substances which may bring about coma and death.

WHAT ARE THE SYMPTOMS?

If someone tells you he never seems to get enough water to drink, that may be due to diabetes. If, in addition, he says he passes urine several times during the night and too frequently during the day, you should get more suspicious. Then when he tells you he is losing weight, yet he is always wanting something to eat, you should insist he have an examination for diabetes made by his doctor immediately. Things like cramps in the legs, "tired all the time," itching around the genitals, slow healing of cuts and so forth, would only make the doctor more interested in the results of the blood and urine sugar studies.

But in a large number of previously unknown diabetes cases found by testing of large groups, these symptoms were lacking. One man found to have diabetes in a recent survey had just returned from a strenuous camping trip in the Canadian forests and thought his health was excellent. His physician had given him a thorough checkup, including a urine examination before his departure. He would not admit to any symptoms of diabetes. As so often happens he otherwise might not have known he had diabetes until he was aroused from a diabetic coma in the hospital.

DOES DIABETES ALWAYS HAVE SYMPTOMS?

Insurance companies say that most of the cases found as a result of their examinations do not have symptoms. Even when symptoms are present they are usually vague and indefinite in the early stages. They are of the type that do not cause alarm. However, even in these early stages, the high blood sugar and sugar in the urine will be found.

The U. S. Public Health Service has at the present two projects on case-finding. One of these is being conducted by the Diabetes Demonstration Unit, in Jacksonville. The State Board of Health, the Jacksonville and Duval County Health Departments, and the Visiting Nurses' Association are cooperating with the U. S. Public Health Service, in this project. Testing of blood for the amount of sugar present and of the urine for sugar is done within an hour or two after a full meal. In about ten months of testing, sixty cases have been found and thirty more persons have shown a tendency toward diabetes. None of these had any knowledge of their condition before they were tested.

By these early diagnoses, ninety people have been given the opportunity of living a longer and more enjoyable diabetic life. A definite contribution has been made to the health of the community. This is the first full program of its kind instituted in the United States. Florida can be justly proud of being selected for this pioneer work.

This apparatus is used in determining the amount of sugar in the blood sample. An extract of the blood is placed with a chemical which gives a blue color. The deeper the color, the more sugar there is in the blood. Miss Lichwell is preparing to determine the intensity of the color by using the machine.

WHAT IS THE TREATMENT?

The object of treatment is to keep the blood sugar within certain limits. If this is done the diabetes is "arrested"—that is, it does not get any worse. Complications are fewer and the average length of life is greater.

Highly important to diabetics is the type and amount of food they eat, and here Miss Marion Nichols, dietitian, shows the foods that may be eaten during the period of a day while following one of the most frequently prescribed diabetic diets. Not a bad diet for a day, is it?

There are two ways in which this blood sugar can be reduced. If the patient is eating more sugar than he needs, his diet is adjusted so that he is only getting what is actually necessary for health. This is the "diabetes diet" which some people hold in great horror, but which is actually just a good moderate diet that everyone should eat whether he has diabetes or not. It calls for milk, green vegetables, citrus fruits and other highly nutritious foods. Thus the person who has diabetes is no different except that he cannot take care of the double banana split sundaes like another individual. Probably he is much better off.

But possibly after adjusting the diet to the least possible amount with which health can be maintained, the blood sugar is still too high. Then this patient does not have enough of his own insulin to take care of the necessary amount of food. Fortunately, insulin can be extracted from the tissues of animals, which can be used in the body just as well as the body's own insulin. This is injected under the skin and the blood sugar is brought down to safe levels.

IS THERE A CURE?

A case in which diabetes was cured would interest doctors very much. It would be a rare occurrence. The famous specialists in diabetes say there has never been a case in which complete cure was definitely proven. There are cases in which all symptoms disappear and the person's ability to readily handle sugar returns. However, when these cases are followed, it is found that they have carried the tendency to diabetes throughout the rest of their lives. This means that if the diagnosis has once been properly made, the patients must observe the rules of good diabetes treatment for the rest of their lives.

No, we do not have a cure for diabetes, but that should not depress anyone who is found to be diabetic. We have the next thing to cure. A diabetic whose condition is diagnosed early and who closely follows good treatment has nothing to worry about. Life insurance companies have calculated how much longer a man or woman can be expected to live at any given age. They base their premiums on these figures. It has been shown that the diabetic patient, diagnosed early and following good treatment, can live as long or longer than he would be expected to live without diabetes. Also, if the patient is properly educated in diabetes and follows a good scientific treatment, he will be surprised to find that this treatment is a good life lived in moderation. He cannot eat big, fancy, rich desserts, but who should? People can easily live without food excesses and be happy.

ARE RETURN VISITS TO THE DOCTOR NECESSARY?

Definitely yes! A case of diabetes may change in severity from time to time. Serious complications may arise slowly and without the patient's realizing that he is in danger. Often the only way such complications may be found are by a doctor's examination. Diabetes when studied thoroughly is a complicated condition. Even health itself is a complicated subject. There is no substitute for regular visits to the physician for examination and survey of the diabetic's case. Good diabetes education constantly brings this to the attention of the patient.

Dr. T. Z. Cason, Jacksonville physician who has been director of the diabetes clinic at the Duval County Hospital for many years, interviews a diabetic while Mrs. Grace Willis, nurse in charge of the diabetes clinic stands by with the patient's chart. Other local physicians also give many hours to the clinic.

Dr. Malcolm Ford, director of the diabetes demonstration unit is shown explaining to a class of negro diabetics that there must be a balance between the amount of insulin and the food intake of a diabetic.

Many excellent books known as diabetic manuals have been written by diabetic specialists just for the patient. They discuss in simple terms everything a diabetic should know about the control of his condition. The price of these books is nominal and well within the range of most diabetics. Every person with diabetes, or relative or friend of a diabetic, should own one of these manuals.

In Jacksonville the need for education in diabetes is being met by an instruction class held in the County Hospital. It is a combined public health and hospital endeavor. The Public Health Service furnishes the instructors, the State Board of Health the materials and the County Hospital the classroom. The class is open to anyone who is interested in learning more about diabetes. This may be patient, relative or friend. The bulk of the teaching is done by a public health nurse and a dietitian. Patients and their doctors are enthusiastic about the class and appreciate the service. Diabetics want to know more

DOES THE DIABETIC NEED TO KNOW ALL THIS?

The diabetic that is educated about his diabetes and understands the "why" and "how" of his treatment is the one that follows it best and lives the longest. Therefore, it is very important that every diabetic learn the simple facts about his condition.

First, he should understand the basic defects in body mechanism that bring about diabetes. Then he should know how a good, well-rounded, nutritious diet is made up. He should learn that there are many foods which are similar in composition to those in the basic diet prescribed for him. Then he can vary his meals to avoid monotony, yet follow his doctor's orders in every detail.

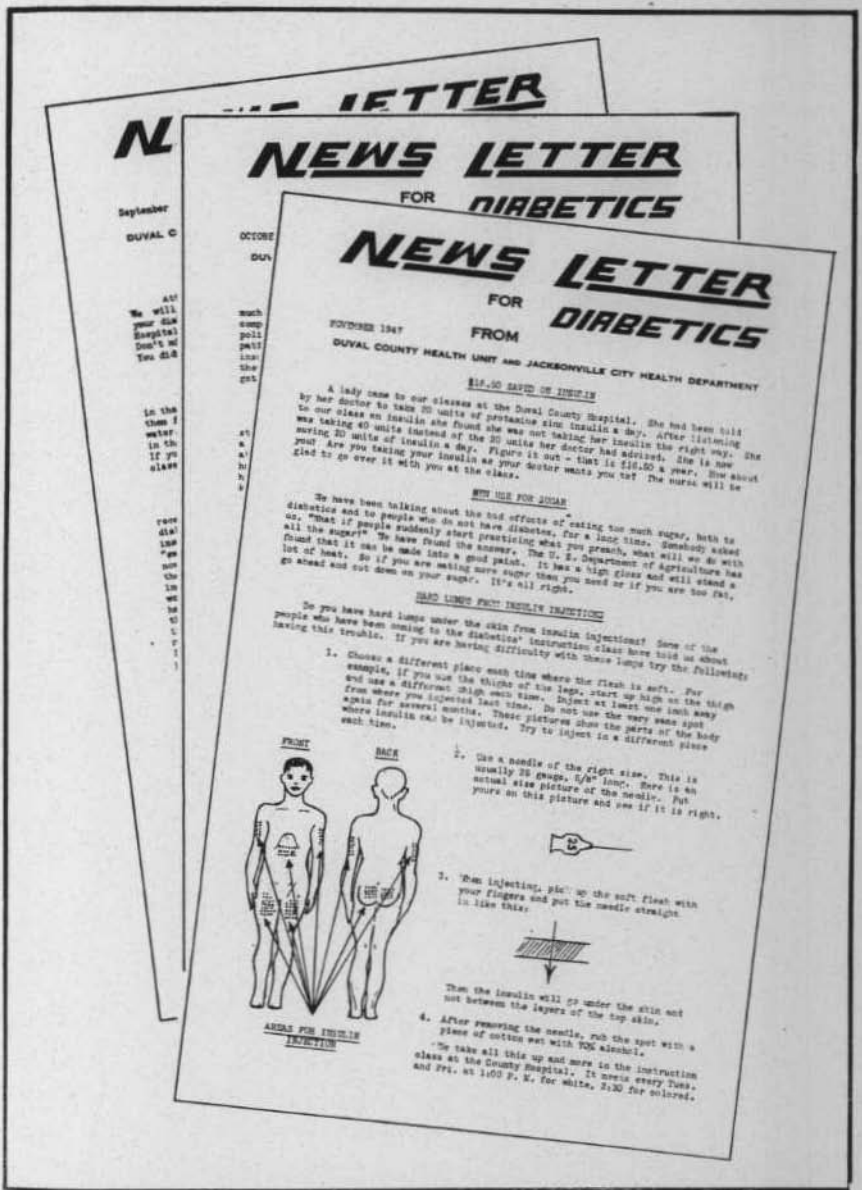
When either too little or too much insulin is taken, a serious condition results. Both conditions are dangerous and can be fatal. The patients who have been schooled in the early symptoms of these complications can recognize them before they become helpless. If they also know what to do in such an emergency, they will not only save themselves much discomfort but may even save their lives.

Diabetics are liable to have more trouble with their feet and infections. This is due mainly to their poor resistance to infection. Boils may become carbuncles, ingrown toe nails may become gangrene. The diabetic who knows this and knows how to take care of his skin and feet will avoid a lot of serious complications. He should learn how to properly cut toe nails, how to take care of corns.

Therefore, by educating the diabetic, we can prevent many unnecessary complications and untimely death. These are the basic aims of all public health.

HOW CAN A DIABETIC LEARN ALL THIS?

The best place to learn this is in the doctor's office. The large clinics specializing in diabetes treatment have formed classes for their patients. Nurses and dietitians are employed just to give this instruction. But the average general practitioner or even the specialist in internal medicine has many other diseases to treat and is usually very busy. He has only time to supervise the diabetic's treatment and does not have enough trained helpers to give the needed instruction.



NEWS LETTER
FOR DIABETICS
FROM
DUVAL COUNTY HEALTH UNIT AND JACKSONVILLE CITY HEALTH DEPARTMENT

$18.50 SAVED ON INSULIN

A lady came to our classes at the Duval County Hospital. She had been told by her doctor to take 20 units of protamine zinc insulin a day. After listening to our class on insulin she found she was not taking her insulin the right way. She was taking 40 units instead of the 20 units her doctor had advised. She is now saving 20 units of insulin a day. Figure it out - that is $18.50 a year. How about you? Are you taking your insulin as your doctor wants you to? The nurse will be glad to go over it with you at the class.

WITH USE FOR SUGAR

We have been talking about the bad effects of eating too much sugar, both to diabetics and to people who do not have diabetes, for a long time. Somebody asked us, "What if people suddenly start practicing what you preach, what will we do with all the sugar?" We have found the answer. The U. S. Department of Agriculture has found that it can be made into a good paint. It has a high gloss and will stand a lot of heat. So if you are eating more sugar than you need or if you are too fat, go ahead and cut down on your sugar. It's all right.

HARD LUMPS FROM INSULIN INJECTIONS?

Do you have hard lumps under the skin from insulin injections? Some of the people who have been coming to the diabetics' instruction class have told us about having this trouble. If you are having difficulty with these lumps try the following:

1. Choose a different place each time where the flesh is soft. For example, if you use the thighs of the legs, start up high on the thigh and use a different thigh each time. Inject at least one inch away from where you injected last time. Inject at least one inch away again for several months. These pictures show the parts of the body where insulin can be injected. Try to inject in a different place each time.

AREAS FOR INSULIN INJECTION

2. Use a needle of the right size. This is usually 26 gauge, 5/8" long. Here is an actual size picture of the needle. Put yours on this picture and see if it is right.

3. When injecting, pick up the soft flesh with your fingers and put the needle straight in like this:

Then the insulin will go under the skin and not between the layers of the top skin.

4. After removing the needle, rub the spot with a piece of cotton wet with 70% alcohol.

To take all this up and more in the instruction class at the County Hospital. It meets every Tues. and Fri. at 1:00 P. M. for white, 2:30 for colored.

Here is shown one of the issues of the monthly News Letter for Diabetics. This particular issue caused more favorable comment among doctors and patients and more requests for extra copies than any other. The mailing list now includes 750 diabetics in Duval County.

about their condition. In the first ten months of operating the class 365 persons attended. At one of the early sessions held on a hot August afternoon, 100 persons were instructed in a classroom which was built for 30 people.

Lectures and demonstrations are given by the instructors dealing with such things as the nature of diabetes, insulin injection, following a diet, testing of urine for sugar, and avoiding complications. Time is devoted to general health subjects such as nutrition and personal hygiene which are so important in maintaining the best possible health. Every opportunity is given those attending to ask questions and the opportunity is certainly used. To most diabetics, it is amazing to find how simple and enjoyable it is to follow the doctor's orders for control of diabetes when they are thoroughly understood. One woman said after taking the class instruction, "I don't feel so diabetic any more." Health departments and hospitals can perform a great community service by instituting one of these classes.

Another education project of the Jacksonville Unit is a monthly bulletin for diabetics. This is mailed to every known diabetic in Duval County each month. It contains items of interest and aid to all diabetics and continually repeats the basic principles of good diabetes control. One issue contained a description of the proper way to inject insulin, another described low cost menus which conformed to a diabetic diet with suggestions on how to save money in food buying.

WHAT HAPPENED BEFORE INSULIN?

A straight answer to that is that most diabetics died. Only the diet part of the treatment was available. If their diabetes could not be controlled with diet, then nothing could be done for them. Then in 1922 a young Canadian surgeon, Dr. Frederick Banting, conceived a method of getting insulin out of the glands of animals in a form that would help diabetics. He finally persuaded the professor of physiology at the University of Toronto to let him use one of their laboratories during the summer when most of the personnel were on vacation. A young medical student, Charles Best, offered to help him. When the professor returned from his vacation, he found that the two young men had extracted insulin from the glands of animals and had used it to keep diabetic dogs from dying. After much work to purify the substance it was used on a human diabetic with great success. Before 1922 diabetic children could be expected to live only a few

Another phase of the diabetes program in Duval county is home visits to diabetics and their families by a public health nurse who has had special training in this work. Here Miss Barbara Dormin, R.N., currently assigned to the diabetes unit, discusses a problem with a patient.

months. Young diabetics who started taking insulin in 1923 are still alive today. The discovery of insulin by Drs. Banting and Best is one of the glowing chapters in medical research.

CAN EVERY DIABETIC IN FLORIDA GET INSULIN?

The State Board of Health can give insulin to any citizen of Florida who cannot afford to buy it himself. Only one other state and the District of Columbia have this service available through their health departments. The State Legislature first appropriated the money for this in 1935. Representative Lisle Smith of Polk County, a diabetic himself, sponsored the first appropriation bill. More and more money is spent each year for this purpose. The amount appropriated has been increased three times since 1935 and may have to be increased again in 1949 if the demand is to be met. As long as the State of Florida is

concerned enough about its citizens who have diabetes to supply insulin to those who cannot afford to buy it, there is no reason for any of those who need it to go without insulin.

WHAT IS THE CAUSE OF DIABETES?

Great advances have been made in research on diabetes. In very few fields has more been accomplished with less funds. Famous scientists and medical men are at work on this problem in Philadelphia, in Buenos Aires, in Copenhagen. A St. Louis doctor and his wife recently won the Nobel Prize for their work on body processes having to do with the handling of sugar. In spite of this the final answer is not known. Insulin, which will bring diabetics back to health, is manufactured in a gland called the pancreas. The logical conclusion would seem to be that diabetes is due to the breakdown of this gland. However, there are many cases of diabetes in which this gland does not seem to be affected.

There are several ways in which diabetes can be produced in laboratory animals. One is by the injection of a substance called "alloxan." This is a close relative of a waste product of the body but has itself never been found in the animal or human body. After injection of this substance, the individual cells of the pancreas that make the insulin are destroyed. Scientists are using this chemical to make animals diabetic so that they can be studied. Two doctors in Philadelphia have injected large quantities of sugar into cats and have made them diabetic. Others have injected some of the internal secretions known as hormones and have produced diabetes. But no one has been able to put all the pieces of the puzzle together and get the answer.

IS DIABETES INHERITED?

Here again we find the scientists disagreeing. Some say that diabetes is inherited according to the established rules of heredity. Others say that proof of this is lacking. However, most agree that diabetes is much more frequent in some families than in others—that the tendency is inherited. The main difficulty here is in getting complete and exact information on persons who died fifty or one hundred years ago. No doubt many of them died of diabetes or at least had it but, for some reason or other, were never diagnosed. It has been shown that people who are relatives of diabetics have three or four times more cases of diabetes than those who do not have diabetics in their family.

Here again the picture is not as gloomy as one might think. If the families with diabetics among them are careful that their marriages are with families who have no diabetics, then there will be fewer and fewer cases until these families are free of diabetes. This is one of the methods of prevention of diabetes that are available to us. It is impractical to say that a diabetic should not marry, but certainly he can be careful not to marry another diabetic.

HOW ABOUT FAT PEOPLE AND DIABETES?

Fat people have diabetes much more frequently than those of normal weight. Those people who are definitely overweight at age 50 have ten times more cases of diabetes. Often if an overweight person has a mild case of diabetes and he loses weight down to normal, his diabetes will get much better. He may not even require any other treatment in particular as long as his weight stays normal. Overweight is one of the biggest opportunities for public health workers. It is not only closely associated with diabetes, but also with heart disease, high blood pressure, kidney disease, hardening of the arteries and even cancer. By fighting excess fat, we can not only do a lot to prevent diabetes but also these other conditions which are becoming so common.

IS THERE MORE DIABETES NOW?

There are more people in the population who have diabetes than you might believe. Being a chronic condition on which very little public health work has been done, it is natural to believe that there is very little of it. When you stop to think of it you can probably list a good many of your friends and acquaintances who are diabetics. Actually it is becoming quite a problem—more so every year. It is now among the first ten causes of death. It has climbed to eighth place in this list in 1940 from twenty-seventh place in 1900. It has been estimated by authorities that there are two million diabetics in the United States. Indications are that the number will continue to increase. The condition is most common among persons aged 40 to 60 and the United States population is getting more and more of these each year. A greater number of people are living to this age every year.

Recently the United States Public Health Service tested most of the people above six years of age in a small New England town. Forty people were found who knew they had diabetes, but thirty more were found who did not know they had diabetes. This has led other communities to wonder how many unknown diabetics they have in their population.

IS DIABETES A PUBLIC HEALTH PROBLEM IN FLORIDA?

Most of the deaths from diabetes are entirely preventable. **Yet in Florida 494 persons died of diabetes in 1947. It was among the ten leading causes of death.** Well controlled diabetics live to die of some other cause. Well controlled diabetics are healthier, work longer and more efficiently. It has been shown that a patient who is diagnosed early, is well educated about diabetes, and sees his doctor at regular intervals will almost always be well controlled. Mass diagnosis and education should then bring about marked improvement in the health of any community, and prevent needless deaths from diabetes. Diabetics should not be a liability to a community. Many of the great leaders in all walks of life are diabetics.

For further information on this subject, write to:
The Diabetes Demonstration Unit,
Florida State Board of Health,
Jacksonville, Florida

WHAT YEAR WAS THAT?

HYDROPHOBIA

Hydrophobia has prevailed in and around Jacksonville to some extent, but seems to be on the wane. Only one animal examined at the Laboratory of the Board during the month showed the disease. One child bitten on July 4th died at the Pasteur Institute. The Jacksonville Mayor's crusade against dogs is to be commended in the highest terms. What are all the dogs in the city worth when compared to a single human life?

(HEALTH NOTES, August, 1906)

WE'RE STILL TALKING

Today there are comparatively few people who believe that consumption (tuberculosis) can be practically banished from the world during the next fifty years. It can be done, but the mass of the people must help our lawmakers, philanthropists and medical men. Surely when we see such splendid results realized by the State with the expenditure of such a comparatively small sum of money in protecting its citizens from yellow fever and small-pox we must agree that it is our duty to urge the next Legislature to undertake a vigorous fight against the most deadly foe of all, "the great white plague."

(HEALTH NOTES, August, 1906)

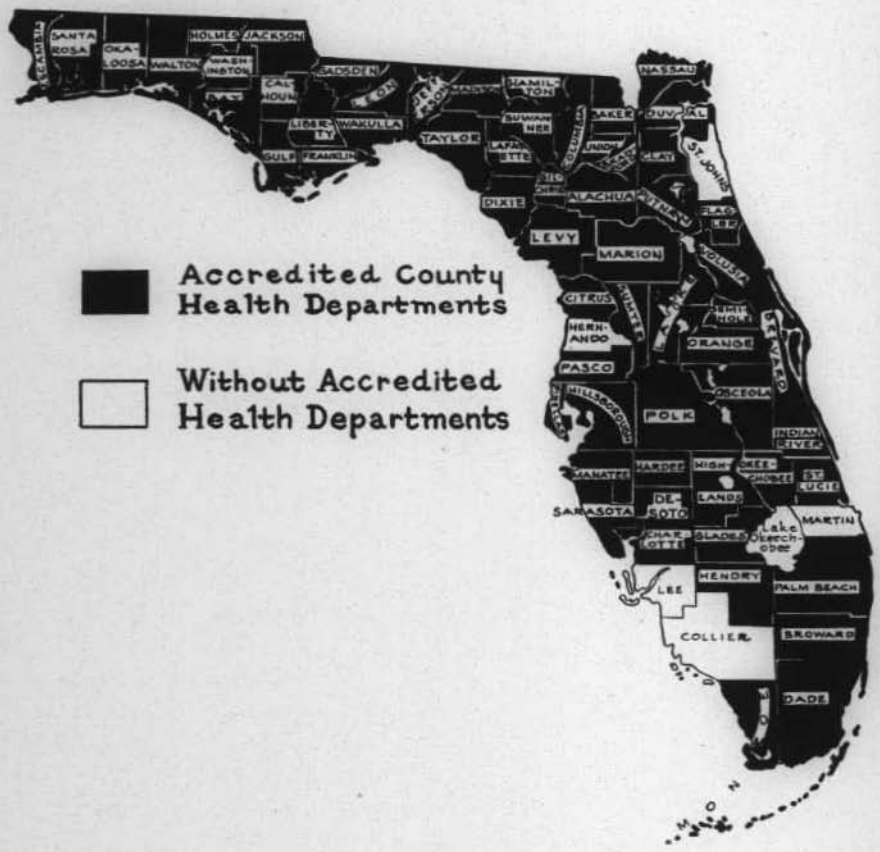
ONE BORN EVERY MINUTE

. . . Only last week it came to our notice that a certain man calling himself a "cancer specialist," but who also treated all sorts of maladies from ingrowing toe-nails to piles, gathered enough victims together to pay him a decent sum of several hundred dollars in advance, and then he "skidood." Beware of such, lest you demonstrate the truth of the adage, "A fool and his money are soon parted."

(HEALTH NOTES, December, 1906)

"The Health of the people is really the foundation upon which all their happiness and all their Powers as a STATE depend."
—Disraeli (1877)

STATE OF FLORIDA



Florida **HEALTH NOTES**

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WHAT IS SIGHT CONSERVATION?

The State Board of Health

Hon. Millard F. Caldwell
Governor of Florida

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Florida HEALTH NOTES

A RESPONSIBILITY

We rarely see a blind beggar on the street anymore. That's because we have made better provision for our sightless citizens through our State Welfare Board. But though we no longer see them, our blind friends are still with us. In the majority of cases they are living reproaches to our carelessness and neglect, for many of these cases of blindness could have been prevented. And it is not only the blind that should reproach us, but also those whose vision is so impaired that they must be counted among the handicapped. The Florida Council for the Blind and other State agencies interested in this subject have contributed to this discussion of the problems of vision and blindness. It is hoped that in the ensuing pages you, as an individual citizen, will find some of the answers to one of our most pressing but age-old problems: the conservation of sight.

Wilson T. Sowder, M.D.
State Health Officer

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This blind person with the familiar white cane is Mr. Edmond S. Henderson who operates a vending stand in the Duval County Court House, Jacksonville. Once an auto mechanic he lost his eyesight as a result of cataracts whose early symptoms he ignored. Mr. Henderson's advice is: "See a good eye specialist if you have the least thing wrong . . . use no home remedies. . . . I get around and I'm happy, but being blind isn't funny."

WHAT IS SIGHT CONSERVATION?

Sight conservation is working daily to reduce the occurrence of blindness and to restore sight (if possible) to those who have lost it. It is a concerted and consistent effort on the part of municipal, state, federal and voluntary agencies in making the general public "eye conscious."

WHY?

Between 200,000 and 250,000 people are blind in the United States today. AT LEAST 75 PER CENT OF THESE CASES OF BLINDNESS WERE DUE TO PREVENTABLE CAUSES. And defective vision is quite prevalent in the population in all ages and at all economic levels—and much of **this** impaired vision could have been prevented by proper and adequate measures.

WHERE?

Through treatment of syphilis, tuberculosis, nutritional and other disease disorders, visual disturbances may be discovered early. Industrial eye safety has demonstrated that the use of goggles, proper illumination, first aid and other hygienic measures are very necessary to workers.

Inclusion of eye health teaching in the education of teachers so that they may safeguard their students' sight is most important. This also applies to the basic education of nurses especially those in the public health field.

For many of the nation's school children, eye protection is afforded through periodic vision tests, provision for adequate lighting, and other hygienic measures.

GOOD SIGHT — FOR CHILDREN

The leading causes of blindness in children are usually congenital defects (congenital defects are those with which a child is born) which account for 42 percent of the cases. Congenital cataracts are numerous but until recently the greatest cause of blindness was a condition known as **ophthalmia neonatorum,** a disease of the eyes caused by gonorrhea which is picked up by the baby when passing through the birth canal of the mother at the time of delivery.

Ophthalmia neonatorum can be prevented by putting one drop of 1% silver nitrate in each eye soon after birth. This prophylactic procedure is compulsory in most states, including Florida, regardless of who attends the mother at the time of birth, be it a physician or midwife. If this law is not complied with and the attendant at birth fails to instill the prophylactic drops into the eyes, the newborn baby may develop **ophthalmia neonatorum** which if not checked by proper care and treatment, may result in total blindness.

Any baby who has inflamed or discharging eyes should receive immediate medical attention. In this type of infection, every hour of delay in treatment is of serious consequence for there is correspondingly increased damage to the eye. If the disease does develop, expert medical attention as well as skilled nursing care are needed. Hospitalization is to be preferred to home treatment and strict precautions are necessary to prevent the disease from spreading to others.

Syphilis. Congenital syphilis, that is, children infected during prenatal life, may cause severe damage to sight, or even blindness, either at birth or years later. Compliance with the Florida pre-natal examination law which requires a blood test of every prospective mother and adequate treatment for those found to be infected with syphilis, will prevent congenital syphilis of the newborn baby. If this law is evaded and mothers with syphilis fail to get treatment, the stigma of congenital syphilis, such as **interstitial keratitis,** may be prevented by adequate treatment of the infant. But once the baby's eyes are involved it is often difficult and sometimes impossible to prevent some damage to sight.

Interstitial keratitis is one of the common, delayed manifestations of congenital syphilis. It occurs most frequently between the ages of 5 and 20 years. Local treatment (directly to the eyes) is combined with systemic treatment for syphilis, with special attention to the child's general health. Vision improves if the syphilitic infection is brought under control, sometimes leaving only a faint scar on the eyes; but more often the eye scars are permanent and may seriously affect vision.

Optic atrophy also results from inadequately treated congenital syphilis, although it may originate from many other causes affecting the nervous system. When congenital syphilis is the cause, the condition usually becomes evident at about 10 years of age. It is progressive and the outlook for cure is very poor, despite antisyphilitic treatment. Vision is usually lost forever.

The most important fact about congenital syphilis is its preventability. The words of Dr. J. E. Moore of Johns Hopkins University cannot be over-emphasized:

> "Congenital syphilis is as nearly a preventable disease as smallpox. It can be wiped out completely, or nearly so, by the adoption of two simple procedures: (1) the routine use of a diagnostic serologic test (blood test) in all pregnant women, and (2) the adequate treatment of the syphilitic mother during pregnancy. The demonstration of this fact constitutes one of the most brilliant achievements of preventive medicine."

SILVER NITRATE VS. PENICILLIN

Recent magazine articles have advocated the use of a solution other than silver nitrate for preventing ophthalmia neonatorum (sore eyes of the newborn). It has been hinted that in some instances the silver nitrate solution itself has been a cause of blindness. But as the use of penicillin and other drugs for this purpose is in the experimental stage, the United States Public Health Service still recommends silver nitrate for this prophylactic treatment. Further study is needed in the clinical evaluation of the penicillin solution, for its use requires special care and the solution must be prepared fresh each time it is used. The silver nitrate solution is put up in wax ampules containing uniform amounts of constant strength and is so simple to administer that anyone can use it with ease.

VISION PROBLEMS OF THE SCHOOL CHILD

Educational authorities are concerned with the vision of young children because over 80 per cent of learning comes through the eyes. Many a child who was unduly nervous or who seemed unable to progress in school, upon being found to have defective vision and having this condition corrected, has lost his symptoms of nervousness and has made satisfactory progress in schools.

Periodic, comprehensive eye examinations are the ideal means of early discovery and diagnosis of such conditions, but, when such a program is not possible, "screening" tests of vision and observations to note signs of eye trouble are helpful in locating

CROSS-EYES

We rarely see a cross-eyed person any more. Modern treatment of this condition often brings results that are truly miraculous. A child who has such a condition should be taken at an early age to a competent eye specialist. Many specialists begin treatment when the child is not more than two years old. But beware of ANYONE or ANY GROUP who GUARANTEES or offers any new or startling treatment to straighten a person's eyes. Take the advice of your family physician as to whom you should consult.

persons needing care. These are done in many of our counties by teachers and public health nurses.*

Parents and teachers should watch their children for any of these signs of a child's defective vision:

Headaches	Nervousness
Squinting	Aversion to reading
Fatigue	Crossed eyes
Irritability	Reddish, watering eyes

After the screening there is need for a proper examination of those suspected of having defective vision by an eye specialist; guidance and assistance should be offered in planning and making the necessary arrangements for correction. Even after correction, a few children may have vision of 20/70 or worse. For these children "sight-saving" classes should be provided. (This type of class is discussed later on in this article.)

*Bulletin No. 4, "Florida's School Health Program," available from the Florida State Department of Education, Tallahassee, describes the accepted teacher procedures for this screening program through use of Snellen Eye Charts.

SCHOOL LIGHTING

To improve the ease, the accuracy and the comfort of seeing there is good lighting. What constitutes good lighting and how lighting affects health and efficiency is recognized, yet the average schoolroom lags far behind our knowledge and ability in both the quantity and the quality of lighting.

Eyestrain and fatigue are two good reasons for adequate lighting. Charles Sheard, Ph.D., of the Mayo Foundation, says in this connection, "Even under adequate lighting, and with normal vision, it has been estimated that there is a consumption of a quarter of the bodily energy in the processes of seeing. When vision is normal, the ease of seeing is controlled almost entirely by sufficient and proper lighting. However, when the illumination is improper or inadequate, and when the vision is poor, then the consumption of bodily energy is increased above the usual necessary amount. Poor vision causes uncertainty, tension, annoyance and distraction, and these in turn result in increased expenditures of energy, also contributing to such eye fatigue symptoms as eyestrain and headache."

Seeing Conditions in Florida schools, because of very poor lighting, are below the average in standards, but school personnel are becoming increasingly aware of the importance of good seeing conditions in a healthful school environment. Working in close cooperation with school systems and the State Department

WE PRESUME
that most schools in Florida have some type of window shades but it is amazing how many times they don't work!

of Education, is the Florida Council for the Blind, which is greatly interested in model-lighted classrooms and sight-saving classes, wherever possible.

As part of teaching units on care of the eyes some schools have had lighting surveys made by upper grade students. The Key Club boys of a Volusia County high school who sponsored a school-wide lighting survey are credited with initiating this idea. In other schools, the principals or teachers check the amount of light in their classrooms with **light meters** borrowed or demonstrated by representatives of the local health department or the **utility company** serving the school.

The quantity and quality of illumination needed in classrooms varies with respect to the activities involved. In planning for the installation of new units or equipment, each school lighting problem should be considered as an individual one and **expert advice** should be sought.*

SPECIAL CLASSES

The primary purpose of sight-saving classes is to help partially seeing children to obtain the maximum benefits from their schooling and at the same time to learn to conserve their vision. To accomplish these goals, sound principles for the establishment, management and equipment of the classes are essential. Some of the widely accepted principles are:

1. Teachers should have adequate knowledge of normal and abnormal eye functioning and be acquainted with the doctor's recommendation for each child.

*"School Lighting Suggestions, Home Too!" Florida Council for the Blind, Tampa, Florida, March, 1944.

2. The number in such a class should be small enough to permit adequate attention to individual children.
3. Children should not be segregated. They should do all work requiring close use of the eyes in the specially arranged classroom and should join their normally seeing companions for all other activities.
4. Classrooms should be carefully located, selected and equipped to facilitate the children's visual work and general education.

Teachers of such classes have great potentialities for influencing the eye health practices of the entire school, helping parents to make necessary adjustments at home, and participating in community activities relating to the education of the general public in matters pertaining to the care of the eyes.

EYESTRAIN AND GOOD LIGHTING

Principles of illumination are the same whether natural or artificial light is used, whether at school, home or at work; namely, a sufficient amount of light for comfort and ease in seeing, and above all, absence of glare. It is evident that the nature of the task to be performed and the condition of the eyes must be taken into consideration in determining the best lighting facilities.

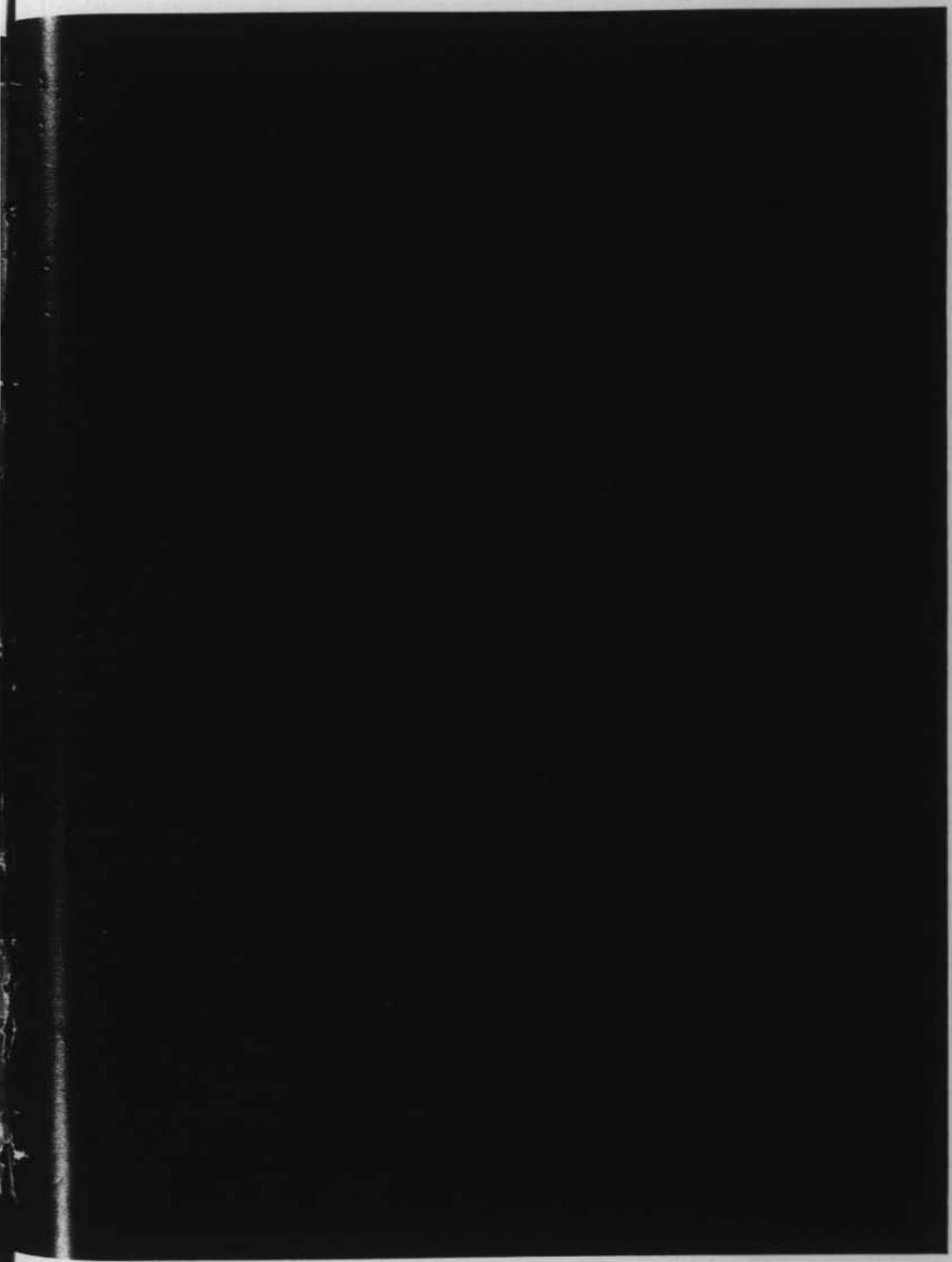
The proper amount of light varies in relation to the demands of visual tasks and to the needs of individuals, which differ with age and the condition of the eyes. Older people and those with poor sight tend to need relatively more light than the young with normal eyes.

Light meters. Although scientific evaluation of lighting is a special field, simple and inexpensive light meters make possible fairly accurate measurements. Light meters should be handled with care, kept covered when not in use, and periodically serviced and checked for accuracy. Frequently they may be borrowed from a local utility company or from departments of health or education.

Daylight. Daylight is to be preferred to any type of artificial light but in a room where any kind of close work is done it must

WHAT *You* SEE . . .

WHAT A *Blind Man* SEES



be supplemented by artificial illumination to make adequate provisions for all parts of the room; for dark as well as bright days, and for night use. Windows should be used to the fullest advantage; the nearer these go to the ceiling the farther they will cast light across the room. Turning furniture at approximately 30 degrees away from windows helps to prevent glare.

Artificial Light. This should approximate daylight in its diffusion as well as in its coloring. At present, white incandescent lamps are generally believed to give the best results as to color of light.

Fluorescent lighting is now being widely advocated by lighting authorities; however, although it consumes less current and is therefore cheaper to operate, the installations are costly at the present time. Hence there is a tendency to use fewer and cheaper types of fixtures, resulting in inadequate distribution and diffusion of light.

Other factors in lighting to be considered. Clean, light-colored walls and ceiling aid in the diffusion of light. Dull-finished surfaces on working surfaces help to minimize glare. Buff, translucent shades also help to diffuse light, and where desirable, the use of separate shades for each sash permits the control of light from the upper and lower parts of the window. The slats of venetian blinds, on the other hand, all turn together to direct the light up or down and thus tend to increase the shadows. Hence they are often unsatisfactory for rooms where much work is done. Lights should be so shaded and placed that they never shine directly into the eyes of the workers. Light should always come over the shoulder opposite from the hand that is being used.

WHAT IS A FOOT-CANDLE?

The amount of light is measured in foot-candles. One foot-candle represents the amount of light cast by a standard candle one foot away from the light. Ten foot-candles is the amount of light given off by ten such candles at the same distance. This is considered the minimum for reading even for a short time. When prolonged, detailed work is done, naturally more light is needed.

BETTER SIGHT — FOR ADULTS

It is ironic that the progress of medicine which has resulted in prolonging the average span of life from 40 to 60 or 70 years has brought about an increasing amount of blindness and eye problems. For it is during the period of life after 40 that glaucoma, cataract and other serious eye difficulties usually arise.

Cataract. Contrary to popular opinion, cataract is not a "growth" that forms over the eye, but a degenerative change that takes place within the lens itself. Age, disease, injury, diet deficiency, a focal infection, such as a diseased tooth or tonsil, or merely general ill health may cause cataracts which are responsible for 23 percent of adult blindness.

The vision becomes misty or cloudy and eventually is totally impaired unless expert treatment is obtained in the early stages. This means a very delicate operation which removes the cloudy lens entirely from the eye and which restores serviceable sight in about 90 percent of cases. Naturally only expert eye surgeons should be consulted.

The best safeguards against cataract, at any time of life, is to maintain a high level of general health, eat a properly balanced diet, protect the eyes from injury, infection, disease, and eye strain, and have any injuries or diseases that may afflict the eyes promptly treated by an eye specialist.

Glaucoma. Another serious cause of blindness among older persons is glaucoma which in the acute form is marked by hardness of the eyeball, intense pain, and loss of vision. In its chronic form glaucoma may become well established before it is noticed. There is usually no pain and at first no loss of sight. As the disease develops there appear halos or rainbows around lights. The first indication, as a rule, is the recurring need for stronger and stronger glasses. Prompt attention in the early stages gives a good chance of saving the sight, but only a trained eye specialist or physician can recognize the symptoms of glaucoma early

OTHER EYE CONDITIONS

As this issue of HEALTH NOTES concerns itself only with the subject of sight conservation, those abnormal conditions of the eyelids (such as sore or crusty lids, etc.) and other allied conditions have not been discussed. These are for an eye specialist to diagnose and treat.

enough to save the vision, usually by a delicate operation or specialized treatment.

"Old Sight." When a person reaches the age of from 45 to 55 years, even if the eyes are entirely normal, glasses are required for reading and sewing. When it becomes necessary to hold reading or sewing farther and farther from the eyes in order to see, **presbyopia,** or beginning old sight, is present It is not to be confused with farsightedness. The small focusing muscles in the eye lose some of their strength with advancing age, and the tiny focusing lens becomes less elastic. **Presbyopia** is a natural development with the years and not a disease. Just as the muscles of the arm are not as strong when a person is fifty years old as they were when he was twenty-five years of age, so the muscles of the eye are also correspondingly weaker.

The remedy for **presbyopia** is well-fitted glasses. For reading, sewing and other close work, properly fitted glasses help the muscles and the lens to do their work. Bifocal lenses are often necessary for those who need aid in both close and distant vision. A yearly visit to a trained eye specialist is also recommended. This combined with the consistent care of general health will do much to insure good eyesight throughout life.

EYE INJURIES

In the Home. Though the majority of eye injuries happen at work, daily and home life offers ample opportunity for their occurrence. Pointed tools, scissors, game-room darts and ice picks can obviously cause perforating eye wounds that lead to loss of vision and often blindness, but a surprising number of injuries are due to straight-spout oil cans, ends of wire coat-hangers in dark closets, sharp branches in the garden or woods, and falls from insecure ladders or on slippery surfaces.

At work. Occupations such as stone-cutting, riveting, electric welding, road building, metal grinding and mining, offer a constant hazard to sight through their ever-present danger of injury to the eyes from flying dust, chips, splinters, perforations or blows. Corrosive fumes or gases, x-rays and excessive infrared

THE FLORIDA INDUSTRIAL COMMISSION
reports that during 1947 there were 9,975 industrial eye accidents with a cost to the tax-payers of Florida, for hospitalization, eye medical care, and compensation, in the amount of $273,589.77.

and ultraviolet rays can also cause damage. The most important measure to take is to prevent these injuries or accidents from occurring:

- ★ by arranging machinery, working position and routine in such a way as to reduce the chance for accidents,
- ★ by installing a safety device on machines,
- ★ by providing adequate ventilation to carry off dust and fumes,
- ★ by providing good light,
- ★ and **most important,** by supplying and enforcing the wearing of adequate goggles to protect the eyes.

Prevention of blindness caused by accidental injuries requires constant education as well as the enforcement of regulations. Among the adult blind in the United States receiving public aid, 13 per cent lost their sight from accidents of which about one-half occurred in the course of their occupations.

At Play. Not infrequently injury to the eyes results from playing with explosive toys. Popguns, air rifles, cap pistols and firecrackers have caused the loss of many eyes. As these playthings explode, flying particles from them penetrate into the eyeball itself. Complete loss of vision may follow, or removal of the eyeball may even be necessary. Powder or hot flying particles from cap pistols and fireworks may burn the eye with resulting serious impairment or total loss of vision.

One should always remember:

It is dangerous to point a gun, even a toy gun, at anyone;

It is dangerous to investigate fireworks that fail to explode;

It is dangerous to run about with an open knife, pencil, sharp stick, or other sharp object in one's hand; and

It is dangerous to throw a baseball bat or other object before noticing if anyone near will be hit.

Laws concerning the sale of fireworks and air rifles tend to reduce some of the causes of eye injuries, but parents still need to be cautioned to train their children, guide their play, and govern their choice of toys.

NUTRITION AND EYE HEALTH

The eyes are composed of many types of tissue—muscles, nerves, blood vessels and others—all requiring food. A balanced and adequate diet is as essential to healthy eyes as it is to the health of the whole body. The relation of nutrition to some parts of the eye is still not clearly understood, but dietary deficiencies are known to produce various eye difficulties and diet therapy is being used increasingly in certain eye conditions.

It is known, for example, that an adequate intake of vitamin A and its effective utilization are essential to the nutrition of the eye. Vitamin A is necessary for the proper functioning of the tear glands and plays an important role in adaptation to darkness or seeing in dim light. Some good sources of vitamin A are: liver, butter, egg yolk, yellow cheese, carrots, turnip greens, spinach, sweet potatoes, collards, broccoli, cantaloupe, apricots, yellow peaches, tangerines, and cod liver oil.

Vitamins of the B complex are important to the nerves and the lens of the eye. Deficiencies in some of these vitamins may encourage the formation of cataract, may cause itching, burning, and stinging of the eyes, may cause the eyes to become oversensitive to light, and may actually reduce visual acuity. Some foods that furnish these vitamins are: pork, liver, eggs, oatmeal, whole grain products, enriched grain products, dried peas and beans, peanuts and peanut butter, milk, and turnip greens.

It is believed vitamin C helps protect the eye against hemorrhage and infection. This vitamin also seems to be important in the proper nourishment of the lens. Some good sources of vitamin C are: citrus fruits, turnip greens, mustard greens, broccoli, collards, cauliflower, strawberries, green peppers, cabbage, okra, and cantaloupe.

Many doctors believe that further investigations are going to reveal other important relationships between good nutrition and eye health.

THE LIONS CLUBS
of Florida have been outstanding in their services to the blind and in the interests of sight conservation. Many other civic clubs also assist in local areas in providing examination, treatment and if necessary, glasses, for their citizens.

WHEN SIGHT CONSERVATION FAILS—WHAT THEN?

Florida Council for the Blind
918 Tampa Street
Tampa, Florida

In the area offices of the Florida Council for the Blind, **case folders, all bulging and alphabetized,** might seem coldly impersonal as they repose in their respective recesses of equally dispassionate filing cabinets. But despite its inanimate classification, a case folder does undergo a metamorphosis of sorts: it is conceived, born, grows with nourishment, creates a special niche for itself, and yes, eventually expires. Prior to its demise, however, a case folder, any case folder, has an interesting history . . . and because that's true many blind persons in Florida are leading interesting, purposeful and profitable lives. Proving, by doing so, that about the only thing a blind person can't do is see!

And around whom do these personable portfolios revolve? Around a complete-as-possible registration of the blind in Florida —a registration which supplements the listing of needy blind in the twelve district offices of the State Welfare Board. For the Florida Council for the Blind, which was created by the 1941 Legislature, offers special services to all whose visual acuity, as defined by law, classes them as blind. The broad program of services of the State Agency is carried on through state funds, made available by legislative appropriation, and a controlled matching fund from the Federal Government.

The visually handicapped are aware today that there are many, many heretofore undreamed of avenues of adjustment. They know of the opportunity of learning a trade, a profession; of entering into a varied program of employment placement. Or, if they suffer a disability other than the loss of sight, they hasten to learn the extent to which this infirmity can be adjusted, corrected or completely erradicated. They are assured that measures in the extreme will be taken to improve their own vision. They hear on all sides of the great strides being made in the prevention of blindness.

For the sightless whose away-from-home activities are, and must remain, curtailed, there are home teachers who instruct in reading and writing Braille; specialists who assist in acquiring Braille books and magazines and special textbooks. And there's the possibility of the glorious achievement of learning to use a typewriter. Recreation is supplied through the Talking Book

Machine and Talking Book records, Braille games and playing cards.

The blind commuters have learned of reduced fare travel concessions by which they and a companion may purchase two tickets for the price of one. Schedules are met through the use of Braille watches. Some get around with the aid of a guide dog. All have come to respect the indispensability of the White Cane with the red tip which has become the symbol of protection for the brave blind who walk alone.

The student, deprived of his sight, learns that he need not be deprived of his education. Others, older, maybe, but still employable, participate in the "learning by doing" classes in the Adult Blind Training Center at Holly Hill.

And for the acquisition of this knowledge, these people are grateful for the surprisingly compact and splendidly competent organization known as the Florida Council for the Blind. That's the full title of the State Agency which is comprised of three closely-knit, carefully-planned divisions. These sub-groups are: the Division of Prevention of Blindness Services, the Division of Medical and Social Services and the Division of Rehabilitation Services. These austere sounding services are staffed by a warm-hearted, level-headed group of people whose business it is to help the blind help themselves.

Better Light. The Prevention of Blindness Division endeavors to do just what its title suggests. Its major aim is to promote adequate lighting conditions in the classrooms of our schools. And it cooperates in establishing special classes for children with defective vision. The slogan of this branch might well be: "Better light today . . . better sight tomorrow."

Medical Services. The hundreds of visually handicapped who have been helped through the Medical and Social Services Division are a tribute to its humanitarian program. For it's through the ministrations of the medical workers that those Florida citizens who are unable to pay for their own care receive invaluable eye treatments, specialized care for prevention of blindness or restoration of sight, or have arranged for them other types of medical treatment and surgery. Under the rehabilitation program this service is rendered when a disability appears to be one which may be removed or reduced, to prepare the applicant for employment. Working hand-in-glove with the medical workers are the home teachers. This highly trained group is hand-picked from the visually handicapped to go into the homes of

other blind people and instruct them in reading and writing Braille, teach them to type and to make simple articles, and to prepare employable persons through pre-vocational aids. And they do much to help non-employable and older persons make their lives more interesting and comfortable.

Special Services. Then there are Special Services for the Blind, services not directly concerned with the three major units, but which act as an important adjunct to them. It is through Special Services that Government-owned Talking Book Machines and Talking Books are distributed. These records and machines are made available through the Library of Congress. This department's extensive program also assists in acquiring Braille Books and Magazines, textbooks on the study of Braille, history and fiction, as well as cook books. Incidentally, if special textbooks or articles in Braille are requested and have not been transcribed, Special Services will arrange to have them made available in Braille. That sounds like a huge order, but Special Services extend beyond this point to include issuance of White Canes, supplies of Braille paper, styluses, Braille slates, grooved fiber writing boards, signature guides and writing grills. If it's a needle threader that's needed, Special Services has those too. To add zest to recreation hours, Special Services can delve into its library and come up with Dominoes, checkers, puzzle peg and playing cards. And it's to this department the blind look for information regarding the reduced fare travel concessions, applications for which must be made to the American Foundation for the Blind in New York City.

Rehabilitation. Now, to work! Work, that is, as it applies to the many-sided activities of the Division of Rehabilitation Services. On one side there is the Florida Council for the Blind Adult Diagnostic and Pre-Vocation Center, sponsored by Florida Lions Clubs.

At Holly Hill every few weeks, a coeducational class of from ten to fourteen hopefuls start a series of school days which commence at six a.m., continue on through interesting and instructive forenoons and afternoons and end in mutually pleasant evenings of recreation. Such full days have to start early, for here the blind are subjected to all types of working conditions found applicable through various aptitude tests. And, in addition, the students are provided thorough training in physical health, care of the body, and proper eating habits. They also get courses in simple economics, salesmanship, bookkeeping, current events and other academic subjects.

When they've completed this schooling, counselors interview the graduates to ascertain their pursuit preferences. These expressions, of course, are tempered with the results of the aptitude tests and the instructors' written remarks. Most cases resolve into almost immediate placement; others pose more time-consuming problems. But in most instances the agency has a staff specialist especially trained to pave the way to a successful and satisfactory solution.

Out of the training center have come expert lathe operators, proficient typists, all-'round good cooks, skillful weavers and other classifications almost unbelievable in the realm of darkness. They learn a lot at Holly Hill, but above all they learn that they can learn.

Employment. Besides the counselors who call on the blind, there are, on the staff of the Rehabilitation Division, specialists in industrial placement, agriculture, home industry and small business enterprises. Obviously, these consultants have their work cut out for them as more and more blind people express a desire to become self-supporting. For those whose records indicate the proper personality and ability, referrals are made and submitted to the Vending Stand Section. There are, at present, forty-three vending stands in the state. These stands, in post offices, court houses, hospital lobbies and other Federal and non-Federal buildings, are owned and operated by the Florida Council. They are periodically supervised by Field Supervisors who make a thorough study of each stand, advise the operators in correct merchandising procedures and contact the various civic minded organizations throughout the state whose sponsorship is largely responsible for the ever-increasing number of stands which help the Council to help the Blind help themselves.

And this is the story told by CASE FOLDERS in the Area Offices of the Florida Council for the Blind. They supply the answer to the all-important question: When Sight Conservation Fails—What then?

AID TO THE BLIND

is an assistance program of the State Welfare Board and is for the purpose of granting financial assistance and other services to the blind persons in Florida who meet eligibility requirements. Every effort is made to assist the blind person to rehabilitate himself and local resources, as well as the Council for the Blind, are used wherever it is possible for the person to benefit by these services. As of May 1948 there were 2,841 recipients of Aid to the Blind in Florida. The average grant was $39.34.

WHAT YEAR WAS THAT?

WE BLUSH

"The **Health Notes** and it can well be paraphrased, **Help Notes,** is doing a wonderfully effective work wherever it is read, and if it could be read in every home in the state, sanitary problems would be solved without difficulty. Let the mailing list be lengthened almost to the breaking point!" **(23rd Annual Report, 1911).**

HE'S STILL TALKING!

"What the State Health Officer desires more than law or money is a cooperation by the citizens of Florida in his efforts for their welfare, and an earnest, determined and whole-souled assistance, for without this help neither law nor money can avail anything." **(22nd Annual Report, 1910).**

POOR GIRLS!

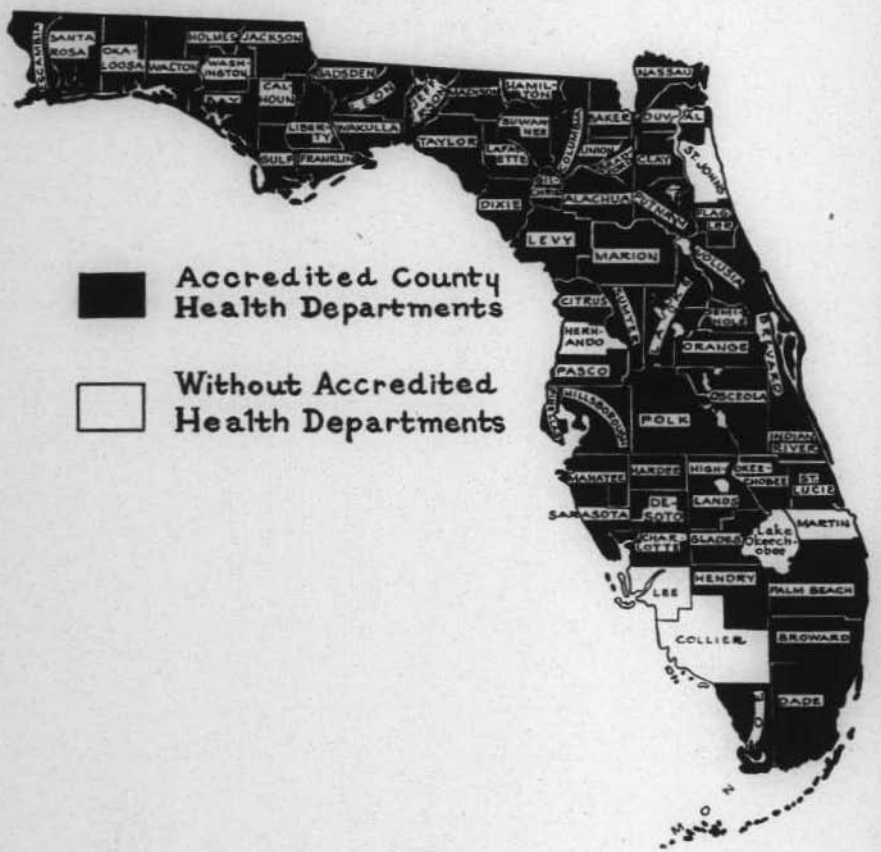
"There are no health organizations here (a county in west Florida). The male population doesn't seem to take an interest in anything of a public nature, and the ladies have their time fully taken up trying to raise the minister's salary." **23rd Annual Report, 1911).**

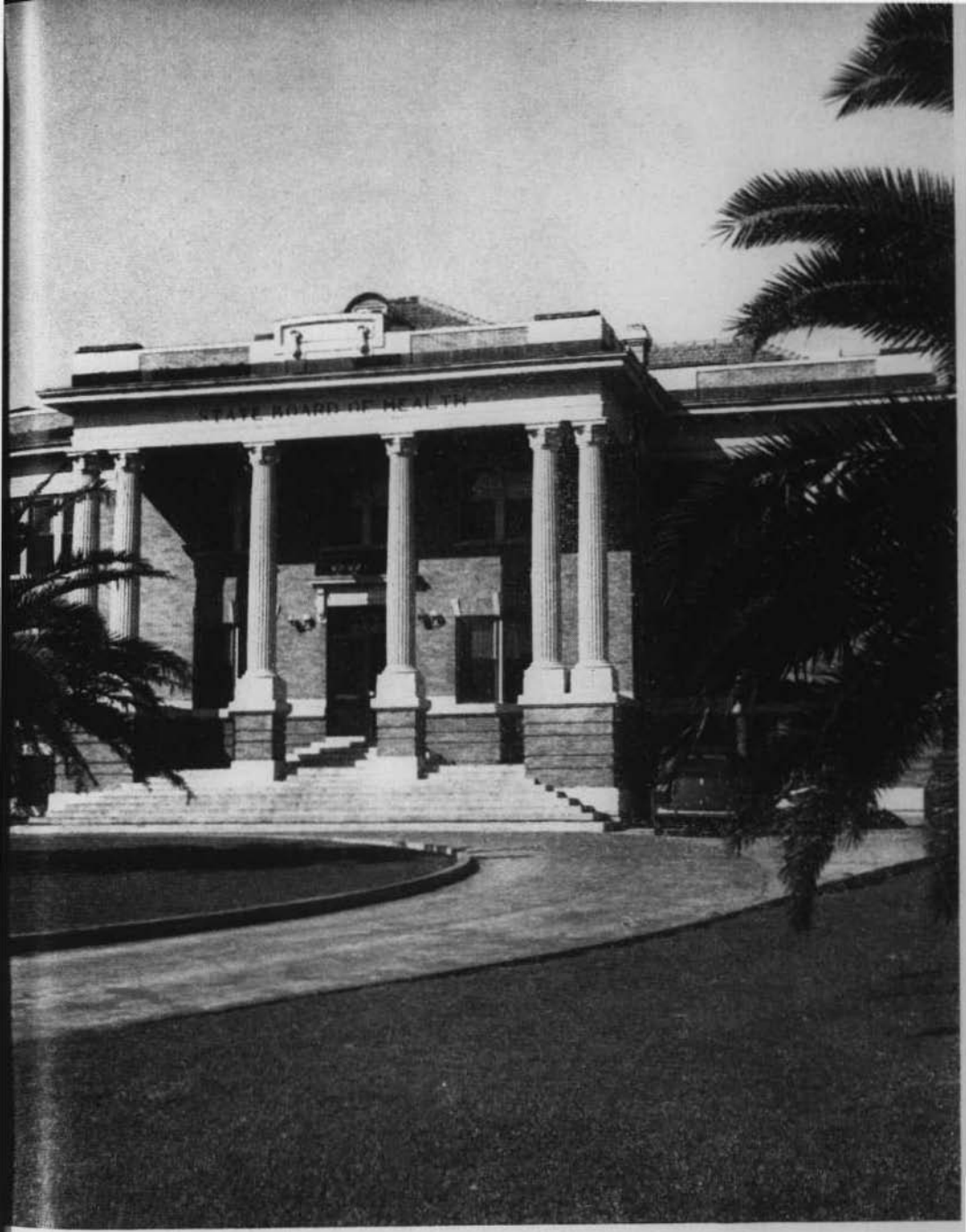
STILL TRUE TODAY

"Florida hopes for importance in the commercial world as well as a reputation as a sanitarium, and it certainly behooves her citizens to redouble their energies in the direction of increased cleanliness of their towns, and by the adoption of all these means which advanced science teaches are necessary to insure perfect health." **First Annual Report of the State Board of Health of Florida (1889).**

"The Health of the people is really the foundation upon which all their happiness and all their Powers as a STATE depend."
—Disraeli (1877)

STATE OF FLORIDA





Florida HEALTH NOTES

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The State Board of Health

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Governor of Florida

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County	Town
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Baker	Macclenny
Bay	Panama City
Bradford	Starke
Brevard	Titusville
Broward	Ft. Lauderdale
Calhoun	Blountstown
Charlotte	Punta Gorda
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Franklin	Apalachicola
Gadsden	Quincy
Gilchrist	Trenton
Glades	Moore Haven
Gulf	Port St. Joe
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Highlands	Sebring
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Indian River	Vero Beach
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Jefferson	Monticello
Lafayette	Mayo
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Liberty	Bristol
Madison	Madison
Manatee	Bradenton
Marion	Ocala
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Okeechobee	Okeechobee
Orange	Orlando
Osceola	Kissimmee
Palm Beach	West Palm Beach
Pasco	Dade City
Pinellas	Clearwater
Polk	Bartow
Putnam	Palatka
Santa Rosa	Milton
Sarasota	Sarasota
St. Lucie	Ft. Pierce
Seminole	Sanford
Sumter	Bushnell
Suwannee	Live Oak
Taylor	Perry
Union	Lake Butler
Volusia	DeLand
Wakulla	Crawfordville
Walton	DeFuniak
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Acting Director

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Florida HEALTH NOTES

POINTING THE WAY

To many, the term vital statistics conjures up columns of dry figures or recalls efforts to obtain a birth certificate. To those in the know, vital statistics is a yardstick by which the effectiveness of public health programs is measured. Vital statistics answer the questions: how many babies are born each year; how many people die and from what causes; whether death occurs more often in one age than another, in males than females, in white people or Negroes, in rural areas or cities.

Armed with the answers to these questions, public health administrators plan far-reaching programs. Health officers, nurses, sanitarians, specialists, each playing a part, then strike at the cause, bring the problem under control, or banish it forever. Such was the story of smallpox in the United States. Vital statistics pointed out the death rate—then public health procedures, through widespread vaccination, eliminated that disease as a major problem.

Vital statistics reach into our own lives. Lack of a birth or death certificate can rob one of many benefits; incorrect statements may cause much unhappiness. On the brighter side—useful knowledge of vital statistics can lead to a better life for each one of us.

Everett H. Williams, Jr.,
Acting Director of Vital Statistics

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This is Mr. Everett H. Williams, Jr., acting director of the Bureau of Vital Statistics, who is now visiting registrars over the State to learn their many problems and to assist them in obtaining better reporting of births and deaths in Florida.

VITAL FACTS

What Are Vital Statistics?

Vital statistics are simply facts, facts concerning the vital events of life—births, deaths, population, illnesses, marriages, divorces.

For What Purpose Are They Used?

The original and primary purpose was to provide legal documents for individuals to use in proving these facts. In addition, these records aid in determining public health problems and measure the success or failure of programs for their control.

How Are Vital Statistics Obtained?

From reports of physicians, midwives, undertakers and occasionally others—submitted through local registrars.

In most states, as in Florida, the Bureau of Vital Statistics of the State Board of Health is responsible for the collection, preservation, tabulation, and analysis of these records, obtained from local registrars, county judges and clerks of the circuit courts.

What Is a Registrar? Can I Be One?

Recommended by the Bureau of Vital Statistics and appointed by the State Registrar, the local registrar is a responsible person interested in obtaining complete, prompt reporting of all births and deaths in the county served. In Florida wherever there is a full-time county health officer, he is the county local registrar, but several community-minded citizens over the county may be appointed as sub-registrars to assist him.

Are The Local Registrars Paid?

Yes—twenty-five cents for each birth or death certificate recorded. The local registrars are paid semi-annually. Full-time employees of county health departments responsible for collecting these statistics receive no extra compensation, but checks for the number of certificates recorded are deposited to the credit of the county health department every six months.

Is It a Law to Report Births and Deaths?

Yes. Florida vital statistics laws requiring the registration of all births and deaths were passed in 1917.

Are All Records of Births and Deaths on File Somewhere?

No—because years ago the importance of recording every birth and death was not generally recognized. Until establishment of bureaus of vital statistics or the Registration Area, foresighted physicians and officials interested themselves in recording these facts in city and county court houses. In Florida, some birth records as far back as 1865 and death records back to 1877 have been turned over to the Bureau of Vital Statistics for preservation in fireproof vaults.

Where Do I Write for a Birth, Death, Marriage or Divorce Certificate?

Write the Bureau of Vital Statistics of the state in which the event took place. This Bureau is usually located in the state capitol, but in Florida the Bureau of Vital Statistics is located at the State Board of Health in Jacksonville.

What Information Should I Give?

BIRTH	DEATH	MARRIAGE	DIVORCE
Full name	Deceased's name	Groom's name	Husband's name
Date and place	Date and place	Bride's name	Wife's name
Father's name	Funeral director	Date and place	Date and place
Mother's maiden name			
Race and sex			

What Will It Cost?

Fees vary in different states. In Florida certified copies of birth, death, or marriage certificates may be obtained for fifty cents each. Certified copies of divorce records are obtained from the clerk of the court in the county where the divorce took place.

Just What Is Meant by a CERTIFIED Copy?

In Florida this is a copy of the original record certified by the State Registrar and the director of the Bureau of Vital Statistics. The law says only the State Registrar may issue a certified copy which is acceptable as prima facie evidence in all courts. Local registrars may issue **copies** of certificates, provided these will serve the purposes of the individual, but these copies are not the same as the **certified** copies issued by the Bureau of Vital Statistics.

Who Reports Cases of Illness?

Physicians. As they encounter cases of reportable diseases they send an immediate report (usually on specially printed post cards) to the local health officer. Often the report is made by telephone, with a supplementary written report. Florida has a list of diseases that must be reported to the health department.

What Happens When an Illness is Reported?

Reports of cases of illness are compiled and tabulated by the Bureau of Vital Statistics. These reports in turn are forwarded to Washington where the U. S. Public Health Service combines them with reports from other states and issues statements and figures on the health of the nation.

Often before the report of a case of communicable disease has left the doctor's office the county health officer is already investigating the disease, its cause and how it can be controlled. Through prompt reporting of communicable diseases public health authorities can quickly spot an epidemic and check its spread.

Mr. W. Daniel Boyd, Superintendent of Public Instruction for Duval County, is shown discussing requirements for enrolling a child in school with Mrs. Mary L. Collins, of Jacksonville. Her son, Billy, wants to enter the first grade of school this month—he will need a birth certificate to prove he is old enough.

THE BIRTH CERTIFICATE

Why is a Birth Certificate so Important?

To prove the fact of birth for—

- Proving parentage
- Proving citizenship
- Inheritance of property
- Settlement of insurance
- Legal dependency
- Obtaining passports
- Establishing identity
- Tracing ancestry
- Child health programs

To prove date of birth for—

- Entrance to school
- First work permit
- Automobile license
- Right to vote
- Right to marry
- Right to enter civil service
- Entering military service
- Settlement of pensions
- Social security benefits

Who Is Responsible for Reporting a Birth?

The physician or midwife attending the birth of a child must file a birth certificate with the local registrar within ten days after the birth occurs. If a birth occurs without a doctor or midwife present, the head of the family (or some adult who was present) is responsible for reporting the birth.

Does the Parent Know When the Birth Certificate is Filed?

Yes. Soon after the birth certificate is filed, the Bureau of Vital Statistics will send the parent a notice which shows certain information contained on the original birth certificate. If information is incorrectly stated or left out, the parent must correct the statements and return the notice immediately to the Bureau of Vital Statistics. Otherwise, the original birth certificate will remain incorrect and years later legal action may be necessary to make any changes.

Can This Notice be Used as a Birth Certificate?

No. It is not a birth certificate but proof that the birth is recorded and that a certified copy of the original may be obtained by sending fifty cents to the Bureau of Vital Statistics.

Suppose This Notice Is Not Received Within Four Months?

Write immediately to the Bureau of Vital Statistics giving the facts of birth and the name of the physician or midwife attending the birth. Statement of birth by the parent will be acceptable as proof of birth, and a birth certificate may be filed on children up to four years of age.

Will Rogers once said, "When you see a boy running around with a pair of pants on, or without 'em for that matter, it is pretty good proof that he has been born — but it does not prove WHEN, WHERE AT, nor WHO TO."

If No Birth Certificate Is on File, How Can I Obtain One?

A **delayed** birth certificate may be filed if you can furnish—

at least two pieces of evidence taken from written records from two to five years old (depending upon your age) — to prove the date and place of birth

and one piece of evidence — to prove the full names of your parents, including the maiden name of your mother.

Where Can I Obtain This Proof?

These are suggested sources of evidence—

Doctor's or midwife's affidavit
Hospital Records
Baptismal, cradle roll or other church record
Newspaper clipping of notice of birth
Bible record or baby book record
School record
Insurance record
Application for marriage license
Social Security application
Census record
Military record, discharge papers
Seaman's identification certificate
Passport, steamboat or navigator's license
Employment record
Supervisor of registration
Birth certificate of registrant's child
Affidavit of parents

Here's proof this little girl will have a birth certificate when she grows up. Ethel D. Speed, a registered midwife in Jacksonville, likes to obtain birth records for her deliveries within ten days from birth. The mother, Coland Dollarson, is answering every question carefully to insure complete, accurate information on the birth certificate.

Why is it Important to Name a Baby Promptly?

Parents should remember the name bestowed upon the baby will follow it throughout life. Prospective parents should select a suitable name as soon as possible, so when birth occurs the name can be inserted on the birth certificate **before** it is filed.

Can I Make Corrections on My Birth Certificate?

Yes—by completing affidavits prepared by the Bureau of Vital Statistics.

My Child Was Adopted. What About His Birth Certificate?

If a child has been legally adopted and proof of adoption is furnished to the Bureau of Vital Statistics an adoptive birth certificate may be placed on file. At the present time the clerk of the court routinely sends the Bureau of Vital Statistics a certified statement of the adoption decree.

If the child was born in Florida the adoptive parents are notified an adoptive birth certificate may be filed in place of the original birth record. If the child was not born in this state, the adoptive parents should contact the registrar of the state where the child was born.

In Florida when an adoptive certificate is filed, the original birth certificate and the proof of adoption are placed under seal which cannot be broken except by court order or written request of the person whose certificate is involved. The new certificate shows only the names of the new parents.

Is the Birth of an Illegitimate Baby Recorded?

A birth certificate must be filed on every baby, whether born in or out of wedlock. The problem of showing legitimacy on the birth certificate is under discussion. It is desirable to protect the child from the stigma of illegitimacy, yet on the other hand the fact of illegitimacy is necessary for legal reasons and statistical studies. Many states now request the information in a **confidential** section of the certificate, but do not show the legitimacy item in the **legal** section of the birth certificate. Certified copies are used on the legal section only. Florida will change to this procedure in 1949.

Would a Stillborn Baby Be Reported?

Yes. In Florida both a birth certificate and a death certificate must be filed on each stillbirth (a baby born after the fifth month of pregnancy with no signs of life).

Are All Births Occuring in Florida Reported?

No. Only about 90 percent of the births were registered when a survey was made in 1940. This means that almost 4,000 children born in Florida during 1940 have no birth certificates on file. Although another survey has not been made since that year, it is believed the percentage completeness of birth registration in Florida has shown improvement.

What Can Be Done to Make Birth Registration 100 Percent Complete?

Parents of newborn children should make certain the birth has been registered with the local registrar of that area by the doctor or midwife who attended the birth. Because of pressing work, there may be some doctors or midwives who forget to register the births of babies they have delivered.

THE DEATH CERTIFICATE

Why Is Registration of Deaths so Important?

To prove the fact of death for—

Life insurance claims; social security claims; settlement of estates; settlement of pensions.

To prove the facts about the deceased for—

Circumstances of death; time and date of death; age, sex, and color; nativity; names of husband or wife and parents.

In addition, a death certificate is necessary—

To furnish official statistics for health departments

To establish causes of death so health problems may be planned to prevent disease

For life insurance companies to establish premium rates

For mortality statistics by place of death, by residence in estimating population

How Is a Death Recorded?

A person dies. An undertaker is called. The undertaker obtains information about the deceased from a member of the family or close friend and fills in part of the death certificate. The physician fills in the medical certification show-

ing the date and cause of death. The undertaker then presents the completed certificate to the registrar who, if everything is in order, issues a burial or transportation permit. Then the death certificate is sent to the Bureau of Vital Statistics where it is indexed and filed for future reference.

A Man Is Killed or Dies Without Medical Attention. There was No Physician—Who Signs the Medical Certification?

When no physician is in attendance, the county health officer or the local registrar reviews the case, and the death certificate is signed by the health officer.

In any situation where death was from accident or violence, or if there is reason to suspect foul play, the coroner or other proper official such as a county patrolman, sheriff, justice of peace, etc., investigating the death, may sign the death certificate. The undertaker then files it with the registrar.

Why Is a Burial or Transportation Permit Issued?

It is a Florida law that no body may be buried, transported, or otherwise disposed of without a permit issued by a local registrar.

My Son Died Overseas. Where Was His Death Certificate Filed?

Death records of men and women who died in the service of their country are filed by the branch of service with which they served. Information concerning these may be obtained by writing to that particular branch—either the Army, Navy, Marine Corps, or Coast Guard.

Why Must Every Question Be Answered So Carefully?

You never can tell when a seemingly unimportant item will become important. Right now there is much controversy in one of our mining states where widows of miners are eligible for $1,000. This is not payable, however, to widows of mining **foremen.** Many a widow who said her husband was a foreman when he was only a workman, wishes she had been more careful!

THE FEDERAL CENSUS

A nationwide census made by the Federal Government every ten years since 1790. Important economic and sociological data such as name, age, sex, occupation, color, nativity, etc., of each person living in every home in the United States is obtained. Considering vital statistics as a form of bookkeeping—of human life—the Federal Census every ten years then balances the books as they relate to population.

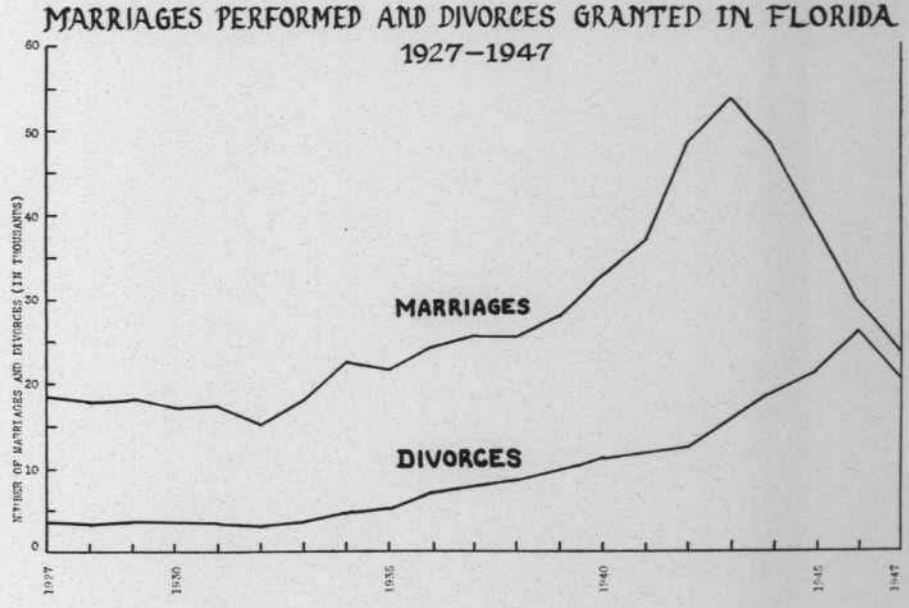
MARRIAGES AND DIVORCES

Has the Number of Marriages in Florida Decreased Since the War?

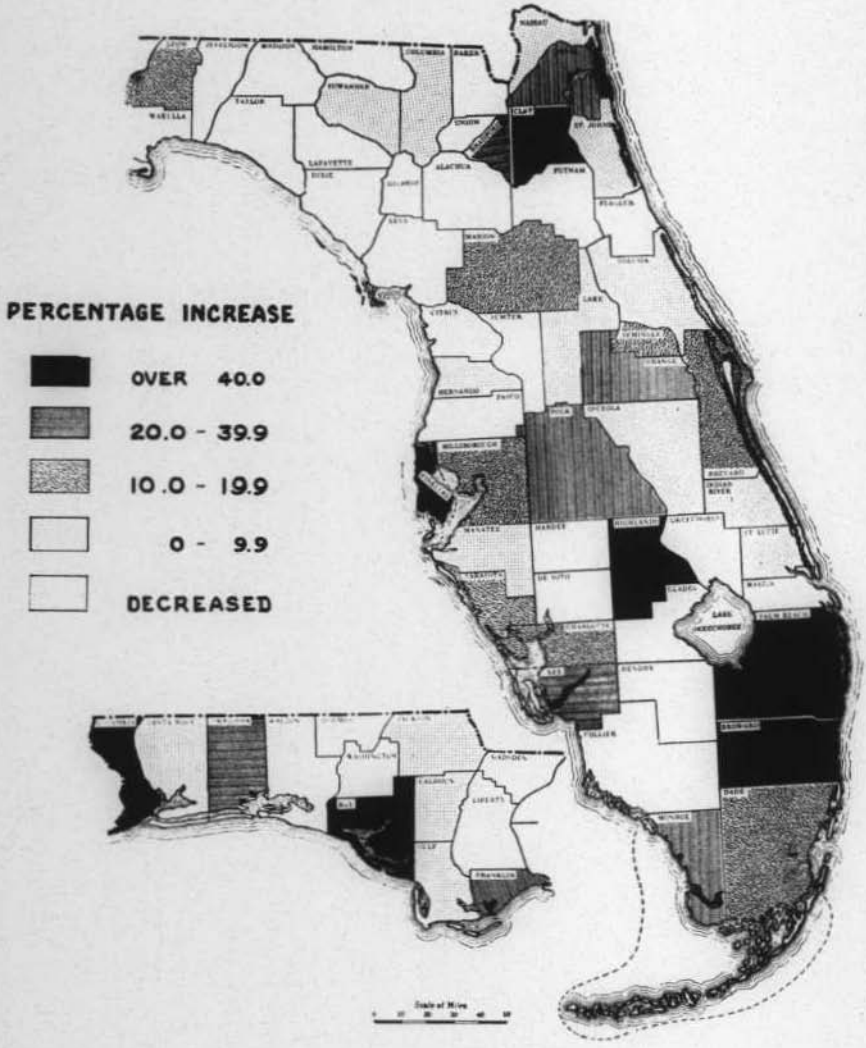
Yes. Because of the great number of military and naval installations and the many war industries which sprang up all over Florida, there were large numbers of service-connected people and workers here during the war years. 1943 was the peak year for marriages when there were 53,913. Since then the number of marriages has gradually dropped to 23,959 recorded in 1947.

Has the Number of Divorces Increased Since the War?

From 16,046 divorces in 1943 the number of divorces in Florida increased to 26,112 in 1946. Then in 1947 the number dropped to 20,703.



POPULATION GROWTH OF FLORIDA COUNTIES 1940—1945



During the years 1940 to 1945 Florida's population grew at the rate of 50,000 people a year. Here you can see the counties which gained the most in population—and those whose populations decreased.

POPULATION TRENDS

How Rapidly is Florida Growing?

The Florida State Census of 1945 revealed that the state population increased 18.6 per cent since the Federal Census of 1940. Compared with the average United States increase of about 6 per cent for the same period, Florida's population is growing much faster than the average.

How Does Florida's Growth Compare With Other States?

During the decade 1930-1940 Florida was the fastest growing state in the United States; however, a recent U. S. Bureau of the Census report ranked Florida as sixth in percentage increase following California, Oregon, Washington, Arizona, and Nevada in that order.

What Caused the Rapid Growth of Florida's Population?

Since its natural increase (excess of births over deaths) has been about average, this rapid growth was mainly due to immigration. This immigration amounted to about 50,000 people per year in the 1940-1945 period.

What is Immigration?

The term as used should not be confused with the immigration of people from abroad into the United States. Immigration as meant here is the movement of persons from other states into Florida for purposes of work or pleasure, who remained and became citizens of Florida.

What County in Florida Gained the Most in Population?

Bay County had the highest increase with 108.7 per cent while Dixie County was the lowest with 29.8 per cent decrease, according to the 1940-1945 survey.

Did the White Population Increase More Than the Negro Population?

Yes. During this same period the white population increased about three times as fast as the Negro population.

What Per Cent of Florida's Population is Negro?

According to the 1945 State Census 25 per cent of the population was Negro. At the present time the Negro population is estimated to be about 23 per cent.

STUDYING VITAL STATISTICS

Are People Living Longer?

Yes. In the United States the expectation of life at birth in 1900 was 45 years; by 1930 it was 60 years; by 1946, it was 66 years.

Statistics also show that women live longer than men, white people, longer than Negroes.

There Will be More and More Old People. What Will Happen to Them?

By 1980 it is estimated there will be more than 21 million persons over age 65. With the increase in number of old people there will be an increase in the mortality rates of old age. This is resulting in rapid development of programs directed at the problems of middle and adult life: those of cancer, heart disease, cerebral hemorrhage, nephritis, mental difficulties, etc. Public health is turning its attention to preventing the diseases of old age.

Where are People Healthier—in the City or on the Farm?

This is a debatable question. Because the death rate of people living in cities seemed higher it was thought the farm was the healthier place to live. But when a question was inserted on the death certificate asking—length of residence in city? former residence? —it was found that rural people were coming to large cities for better medical care and oftentimes died there. The death rate of cities with good medical facilities then was misleading. Like-

REGISTRATION AREA OF THE FEDERAL GOVERNMENT

The Registration Area Provides the Federal Government with a mechanism for collecting, through the states, data reflecting the occurrence of births and deaths. It was hoped that by setting high standards for definite, complete, and prompt reports, records from each state would be more uniform for comparison. To participate in the Registration Area a state must have sound, workable vital statistics laws and be able to prove birth and death registration of at least 90 per cent of its citizens. Florida was admitted into the Registration Area by 1924, but not until 1933 were all states included.

wise, the death of tourists and migrant workers residing in locations less than a year swelled the number of deaths for that place. Death figures for a locality now are shown in two ways: recorded and resident. One shows the number of deaths actually occurring; the other the number of residents who die.

Some Reports Say People are Leaving the Cities—"Going Back to the Farm." Is This True in Florida?

No. The 1940-1945 study found that the urban population increased about 35 per cent while the rural population decreased about 3 per cent. An urban area is defined as a town or city with a population of 2,500 or more. It is evident that people in Florida are moving to the towns and cities, away from the rural areas.

How Does the Movement of Population from Rural Areas to Urban Areas Affect Public Health?

Many rural areas with scattered populations cannot support adequate health services. Recognition of this problem has led to combining the health service for two or more sparsely populated counties under a central supervisory staff, thereby insuring health protection for those in remote sections.

In urban areas or cities the problems of water supply, sewage disposal, food sanitation become more complex as the health officer is confronted with overcrowded conditions. Where this situation exists public health problems become more acute, thus throwing a direct or indirect responsibility for encouraging better housing on the local health authorities.

What are the Leading Causes of Death in Florida Today as Compared With the Past?

	IN 1917 THEY WERE—	TODAY THEY ARE—
1.	Tuberculosis	Heart disease
2.	Nephritis	Cancer
3.	Diarrhea & enteritis	Cerebral hemorrhage
4.	Pneumonia & influenza	Accidents
5.	Heart disease	Nephritis
6.	Cerebral hemorrhage	Pneumonia & influenza
7.	Accidents	Premature birth
8.	Cancer	Tuberculosis
9.	Premature birth	Diabetes
10.	Malaria	Diseases of the arteries

How do These Leading Causes of Death in Florida Affect Our Public Health Planning and Me as an Individual?

The first public health program in Florida was directed against yellow fever, a disease which no longer exists in the United States. Typhoid, diphtheria and malaria have practically disappeared. Tuberculosis which once led all causes of death has been reduced to eighth place, but is still a vicious killer.

These reduced death rates are significant for they reveal the importance of intelligently directed public health campaigns. We have proved that definite control measures can lessen needless deaths.

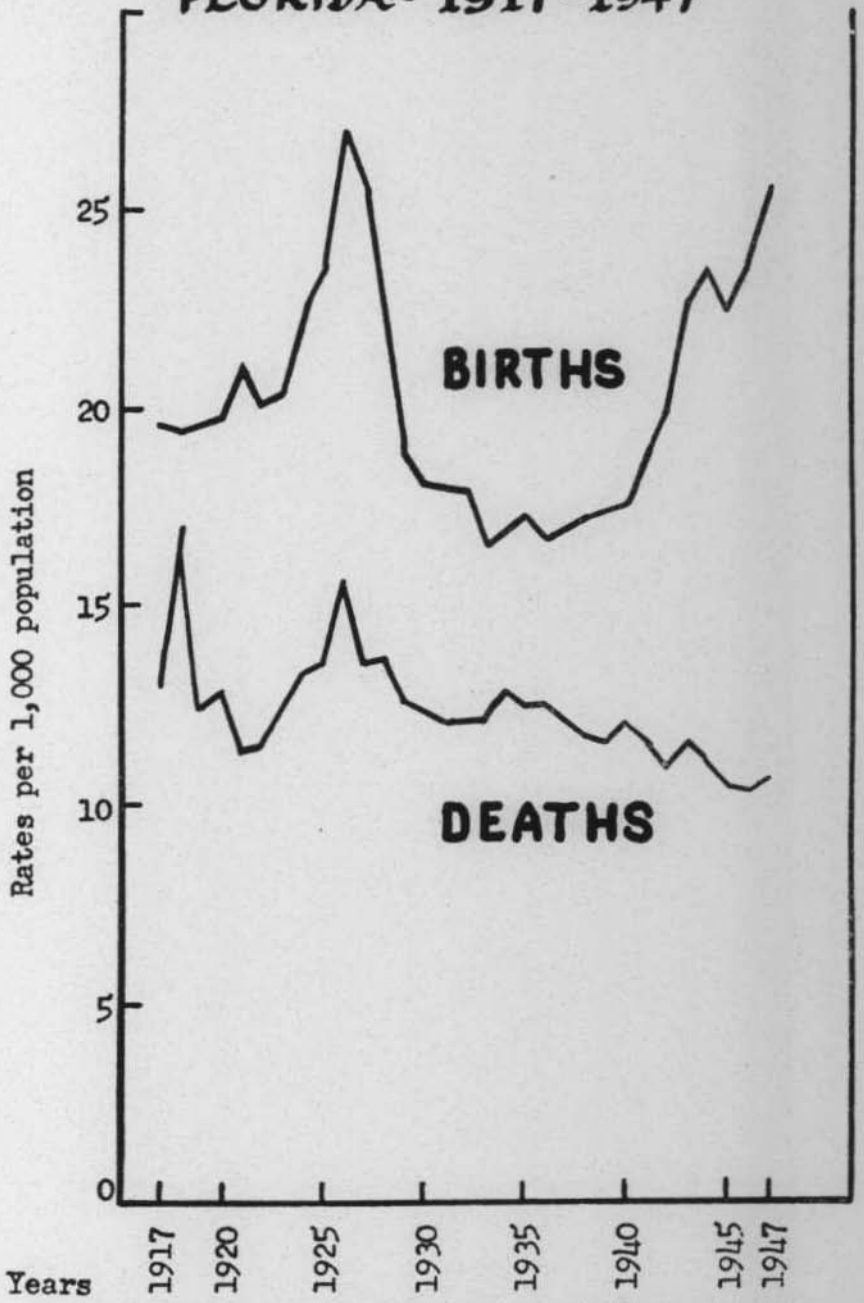
But still our citizens die from other diseases that can be controlled. Infants and mothers die at childbirth. Older age groups suffer from many preventable conditions. And we have too many diseases which incapacitate but do not kill.

The Florida State Board of Health recognizes these problems and through its county health departments attempts to alleviate as many as possible: by means of good sanitation and widespread immunizations, incubators for premature infants and prenatal clinics for mothers, mass x-ray surveys, statewide dental programs, health education, diabetes and cancer detection clinics.

The lowering of death rates is of grave concern, but public health is not interested in the issues of death alone. When people are sick, they are unhappy—they cannot work. You can help yourself and others to health and happiness by seeing that your community provides good health service. When enlightened citizens see the need and are willing to spend the money it takes to provide adequate health service, everyone will benefit. Public health is purchasable. How much have you bought for your community?

Vital Statistics is the Story of Our Past, the Clue to Our Future

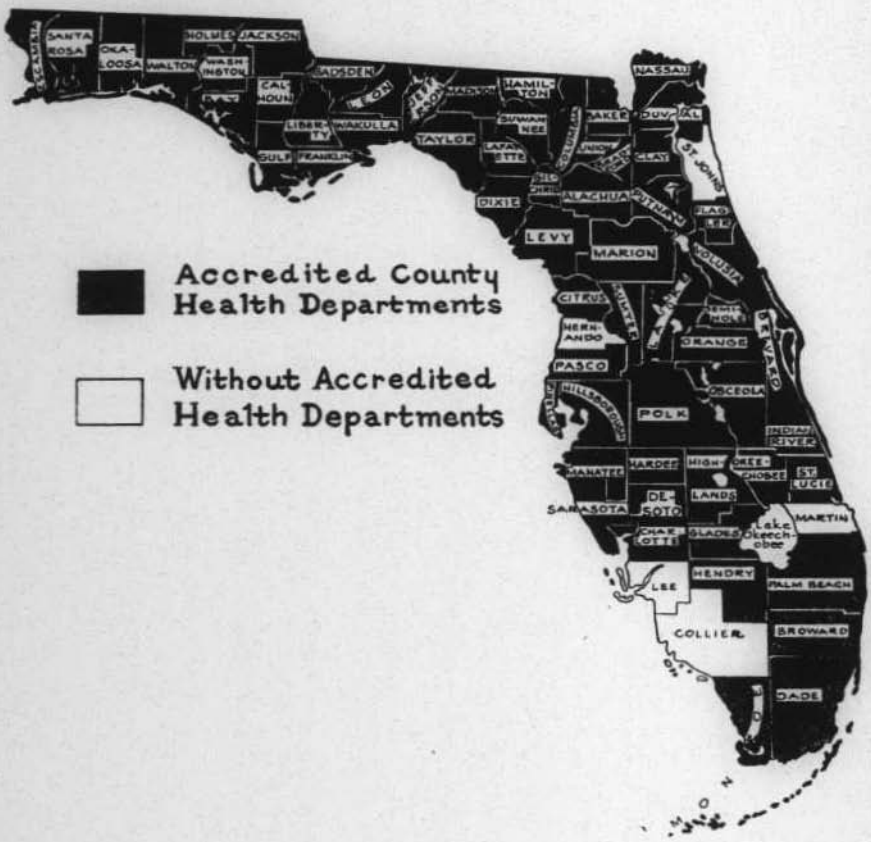
BIRTH AND DEATH RATES
FLORIDA~ 1917-1947



This graph shows the birth rate and the death rate for Florida over a thirty year period, from 1917 to 1947. Wars, depressions, prosperity are important factors in influencing the rise and fall of these rates.

"The Health of the people is really the foundation upon which all their happiness and all their Powers as a STATE depend."
—Disraeli (1877)

STATE OF FLORIDA



Florida HEALTH NOTES

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COUNTY HEALTH DEPARTMENTS PROTECT

The State Board of Health

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Governor of Florida

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ACCREDITED HEALTH DEPARTMENTS

County	Town
Alachua	Gainesville
Baker	Macclenny
Bay	Panama City
Bradford	Starke
Brevard	Titusville
Broward	Ft. Lauderdale
Calhoun	Blountstown
Charlotte	Punta Gorda
Clay	Green Cove Springs
Citrus	Inverness
Columbia	Lake City
Dade	Miami
De Soto	Arcadia
Dixie	Cross City
Duval	Jacksonville
Escambia	Pensacola
Flagler	Bunnell
Franklin	Apalachicola
Gadsden	Quincy
Gilchrist	Trenton
Glades	Moore Haven
Gulf	Port St. Joe
Hamilton	Jasper
Hardee	Wauchula
Hendry	La Belle
Highlands	Sebring
Hillsborough	Tampa
Holmes	Bonifay
Indian River	Vero Beach
Jackson	Marianna
Jefferson	Monticello
Lafayette	Mayo
Lake	Tavares
Leon	Tallahassee
Levy	Bronson
Liberty	Bristol
Madison	Madison
Manatee	Bradenton
Marion	Ocala
Monroe	Key West
Nassau	Fernandina
Okaloosa	Crestview
Okeechobee	Okeechobee
Orange	Orlando
Osceola	Kissimmee
Palm Beach	West Palm Beach
Pasco	Dade City
Pinellas	Clearwater
Polk	Bartow
Putnam	Palatka
Santa Rosa	Milton
Sarasota	Sarasota
St. Lucie	Ft. Pierce
Seminole	Sanford
Sumter	Bushnell
Suwannee	Live Oak
Taylor	Perry
Union	Lake Butler
Volusia	DeLand
Wakulla	Crawfordville
Walton	DeFuniak
Washington	Chipley

Bureau of Vital Statistics
Everett H. Williams, Jr., Director

Bureau of Preventable Diseases
R. F. Sondag, M.D.

Division of Cancer Control

Division of Venereal Disease Control

Epidemiology

Division of Industrial Hygiene
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Typhus Survey
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Bureau of Maternal and Child Health
Frances E. M. Read, M.D.

Mental Health Program

Field Technical Staff
L. L. Parks, M.D., M.P.H.

Florida HEALTH NOTES

PROTECTION PLUS

HAVE you ever stopped to wonder:

Who protects you from the ravages of smallpox, yellow fever and typhoid epidemics?

Who checks on the purity of the milk you drink?

Who helps a tuberculosis patient get into a sanatorium?

Your health department holds the answers.

A health department is a watchdog—constantly guarding your health. Its purpose is to eliminate, where possible, disease-breeding sources—to provide protection against disease and death for young and old, rich and poor, regardless of color, sex or creed.

Your health department struggles daily to KEEP YOU FROM GETTING SICK, and by doing so, keeps you happy and prosperous. It does not make a practice of diagnosing your illness, prescribing for it, nor treating it, except in specified instances.

Here in Florida, the work of the county health departments (and there are 62 at present) takes on added importance because of the tremendous number of people who pass in and out of the state. They come from practically all parts of the globe—from areas where little is known about good sanitation—where immunization against diseases is the exception, not the rule. One person entering this state with a contagious disease could start an epidemic if it were not for the constant alertness of health officials.

As it would be impossible to describe all of the activities of the 62 county health departments, four representative ones were selected to be discussed.

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Mrs. James Preston, field nurse of Bradford County, pays a home visit to a postpartum patient. She is advising the mother to attend the well-baby conference.

BRADFORD-CLAY-UNION

(An average tri-county unit)

Because some counties feel that they cannot finance a full-time health department, they band together with neighboring counties, each one contributing so much per capita to establish a health unit. (There are 10 tri-county and seven bi-county units in Florida, each unit being served by one health officer.)

The combined average per capita contribution to public health made by Bradford, Clay and Union is $0.63. Ultimate goal of health officials is to see each county contributing $2.00 per capita, which, combined with funds from the state and federal governments and philanthropic organizations, would enable Florida to maintain "the ideal" in health programs.

Bustling energetic Dr. A. Y. Covington has served as health officer for Bradford-Clay-Union for two years, coming here from Kentucky. Like so many others, he entered the field of public health because of a strong humanitarian instinct. Often times, his work is discouraging, and there is little evidence that anyone ever became wealthy in the public health business. Every now and then he feels like giving up, because it takes so many years of constant pounding against ignorance, poverty and just plain stubborness to see the results of the work. But instead of quitting, he fusses and fumes, gets it out of his system, and goes right on pounding.

Two and a half days out of the week Dr. Covington may be found in the modern, well-equipped building in Starke in Bradford county, where headquarters of the tri-unit are located. The remainder of his time is divided between Clay and Union.

Working with him in Bradford are: Mrs. James Preston and Mrs. Arline McKnight, field nurses; Mrs. Gloria King, clinic nurse (she serves all three counties), W. W. Thurman, sanitary officer, and Miss Hazel Fields, clerk.

Despite the fact that funds cannot be stretched to include adequate personnel, a general health program is carried on.

Some of the phases of this work includes such programs as: prenatal and well-baby hygiene, school health, sanitation and venereal disease control.

So that you may get a clearer picture of the activities of a health deartment, here's an eye witness account of the high spots of a day at the Bradford County Health Department.

Arrival of a 33 months' old boy for his semi-weekly treatment, started Dr. Covington's day.

A year ago the child had swallowed potash, resulting in complete inability to swallow food or water by mouth. After repleated surgery, dilatation of the tube from the mouth to the stomach was begun, and must be continued for a long period of time so that the child can eat normally. Dr. Covington agreed to help the child, only after exhausting all available resources and after hard-pressed local physicians gave him the go-ahead signal. This case was one of the exceptions to the rule that health departments do not treat ills, and was taken over only because the child would have faced a life of eating through a stomach tube, or die, without such care. Dr. Covington is justly proud of his work for when he took the case, the child could swallow only small amounts of baby foods and now eats all foods from the table and is fat and healthy.

Completing that task, he found a group of young men waiting to be immunized against typhoid, smallpox and tetanus so that they could attend a National Guard Camp.

Right behind them came a fifteen year old Negro girl whose test for gonorrhea had come back positive. The health department treats gonorrhea because the Rapid Treatment Center in Melbourne, run by the State Board of Health, deals mainly with that large group who have syphilis.

In rapid succession, four other Negro girls came in for blood tests. Two desired tests so they could secure health cards. Most health departments routinely do blood tests for syphilis, smear tests for gonorrhea, chest x-rays, and give typhoid immunizations for persons needing health cards, which are used primarily for food handlers.

In between "customers" Dr. Covington managed to set foot inside his office, something that he rarely finds time to do. He has little opportunity to attend to administrative affairs; his clinic duties keep him busy. However, his "public relations" and that of his staff must be excellent for he has the full cooperation of the county and city officials, newspaper, civic groups and many private citizens.

Mayor H. C. Wall of Starke and W. W. Thurman, sanitary officer for Bradford County, investigate a drainage ditch for signs of mosquito breeding.

Bumpy, sandy roads hold no fear for Mrs. Preston now that she has a jeep in which to make her rounds.

Out at the reception desk, the clerk, Miss Fields, questioned two, weatherbeaten old ladies who had an eight year old boy by the hand. He was the grandson of one of them and had been brought to the health department because "he looks wormy and bloated and eats all the time. We want him to get well before school starts."

This was an old story to Miss Fields who has seen the high percentage of the children and adults who live in rural areas where the privies, if any, are surface and insanitary, have heavy hookworm infestations. So, out came the stool specimen containers with instructions to mail them to the central laboratory in Jacksonville for testing. If the results show hookworm, the health department will move to correct the condition by advising treatment to get rid of the worms then persuading the family through education to practice good sanitation (construction of a sanitary pit privy, etc.)

Further information was needed so the clerk asked one of the elderly ladies how old she was.

"I'm 25," declared one, "well, at least I was the last time I can remember," while the other said: "Don't know, but I suspect I'm pretty old."

A field trip with Mrs. Preston was next in line. Wise to the hazards presented by some of the sandy, deep-rutted roads over which she must travel she recently bought a jeep to reach her patients.

First stop, accomplished with plenty of bouncing and detouring around cattle and deep holes in the road, was to see how a ten-year old Negro girl, a victim of polio, was getting along.

When first seen the child was crippled to the extent that she moved on all fours. The nurse brought the case to the attention of the Crippled Children's Commission. They in turn secured treatment for the girl at Brewster Hospital in Jacksonville. Upon her release she was able to sit up normally but could not walk, so the local Infantile Paralysis chapter bought her a wheel chair. Satisfied that the child was getting along nicely, Mrs. Preston headed down the road to visit a premature Negro baby who had weighed less than three pounds at birth. The nurse and the child's mother had improvised an incubator out of a strawberry crate, which was well padded and lined with hot water bottles. This, in addition, to excellent care, had kept the baby alive. Mrs. Preston weighed the infant and finding that he had gained a few ounces, gave the mother instructions on increasing his diet. (It

Necessity is the mother of invention as demonstrated here by Mrs. James Preston, staff nurse for Bradford County. An incubator was improvised from a strawberry crate to help keep this premature infant alive. The incubator is padded and lined with hot water bottles.

was learned later that the baby now, at two and a half months of age, weighs 6 pounds, two ounces and is well and healthy.)

Part of the public health nurse's job is the supervision of midwives, so the next stop was deep in the woods, at the home of one who was 70 years old. The nurse questioned her as to supplies and to whether or not all of her prospective patients had visited a physician or a health department to have a blood test. According to law, all pregnant women must have a blood test before delivery, and should a midwife deliver a woman who has not had this done, her license may be revoked. Midwives are also charged with filing birth certificate information on children they deliver. Nurses routinely check midwives' equipment bags to see that they are complete and clean and do not contain harmful drugs.

Back at the health department, Dr. Covington was knee-deep in mothers and fathers who had brought their children in for various reasons. Some wanted routine examinations—others has skin infections—and some were in for immunizations. That afternoon 17 families, some of them outstanding members of the community, visited the health department. They came to the health department because in this area, as in others in the state, there is a lack of other medical facilities.

* * *

Presenting a sharp contrast to Bradford is Union County. The health department in Union is housed in three rooms of the Woman's Club building, a few blocks from the business district of Lake Butler.

Comprising the small staff are: Mrs. Joyce Riherd, field nurse, Mrs. Joyce Ward, clerk, and E. A. Grantham, sanitary officer.

With the help of city and county officials, school teachers, agencies such as the Welfare Board and Red Cross, and groups such as the Lions Club, these three health workers are doing all they can to fight the widespread ignorance and poverty in this county.

Here again, poor sanitation is a big problem and hookworm infestation ranks high among the list of diseases. Many homes have poorly constructed (and maintained) privies but a great many others, as Mrs. Riherd so aptly put it, "don't even have an insanitary privy."

The pitiful truth, according to Mr. Grantham, is that many families can not afford the construction cost of a privy.

So the nurse and sanitarian, making the best of the tough situation, do what they can to teach the people the importance of good sanitation and how they can improve conditions with available resources.

* * *

Over in Clay county, practically the same health problems, both rural and urban, are found, so the staff composed of Mrs. Katherine B. Canova, nurse, H. F. Cameron, sanitary officer, and Miss Eloise Taylor, clerk, follow essentially the same routine as do Bradford and Union.

This unsightly privy is within 50 feet of the Jacksonville-Starke highway.

The staff's work has been stepped-up due to the berthing of part of the Navy's "moth-ball fleet" at Green Cove Springs, which has brought wives and children of Navy personnel stationed there.

One phase of the health program which Clay is utilizing to a great extent is health education even though they do not have a trained health educator to conduct a regular program.

The nurse, in her regular visits to the schools usually carries along a supply of posters, pamphlets, other literature and movies on health subjects. These are turned over to the teachers for use any way they see fit. The nurse also helps the teachers make plans for weaving health education into their everyday curriculum and at times, she makes informal talks to the children.

Her efforts to dispense health education do not stop with the schools, for she seizes every opportunity to teach the people of the community about safeguarding their health.

E. A. Grantham, sanitary officer with the Union County Health Department, inspects a model pit privy located on the school grounds at Lake Butler.

A SAMPLE DAY OF THREE MEMBERS (ONLY) OF

HOUR	HEALTH OFFICER Dr. Franklin Reeder	ST Floss
A.M. 6:00 to 9:00	Arrived at office; read mail. Answered phone call on facilities for giving rabies treatment. Worked on schedule for photographing health department. Began news article on pollution of bay.	Recorded work o Discussed contacts day in Venereal worker. Pulled records of Had car serviced mother of pres
9:00 to 10:00	Talked to man about blood report and took another blood test. Saw gonorrhea patient not cured by last treatment.	Home visit to birth certificate. Conference with talk to young
10:00 to 11:00	Took copy of budget request for coming year to county clerk. Talked with cancer aid applicant.	Home visit to infant. Discuss children and conference. made for 19
11:00 to 12:00	Worked on radio talk.	Home visit to pr bed. Ill. Disc ate medical car cian for her.
12-1:00	**LUNCH**	
P.M. 1:00 to 2:00	Issued insulin received from State Board of Health prescribed by physician for patient and spoke of care in use. Discussed tuberculosis report with nurse supervisor. Organized desk and left for Lynn Haven	Visited tuberculo findings and tests. Visit to tuberculo test and re-x-r
2:00 to 4:00	Saw patients at Lynn Haven Clinic.	Saw private ph quest to discu blood pressure tion and healt
4:00 to 5:00	Attended meeting of local chapter of Infantile Paralysis Foundation.	Visit to maternity Neighbor inquired Gave informat Called communi patient refer In office—record
8:00 to 10:00	Attended Medical Society meeting.	

OF THE BAY COUNTY HEALTH DEPARTMENT

STAFF NURSE
Flossie Lewis, R.N.

k of previous day.
tacts of patients treated previous
ereal disease clinic with special

s of patients to see today.
ided and while there talked to
preschool child re diet.

o midwife regarding returned
e.
h minister regarding health
ng people of his church.

d newly-delivered mother and
scussed problems of preschool
d referred mother to maternity
Birth certificate application
9 months' old child.

o pregnant woman. Patient in
Discussed necessity for immedi-
care. Called her private physi-
.

LUNCH

culosis suspect to report x-ray
d gave containers for sputum

culosis suspect regarding patch
e-x-ray.

physician's patient at his re-
iscuss diet in relation to high
sure. Also discussed immuniza-
ealth habits of grandchildren.

nity case. Not home.
ited about getting shots at clinic.
nation.
unity chest worker regarding
ated to us.
ords.

SANITARY OFFICER
Horace M. Champion

Left home at 6. Collected milk samples from six dairies.

At office—labeled, iced, packed, and mailed milk samples to State Laboratory for examination.

Complaint of mosquitoes in Callaway.
Made visit to pond owner, discussed draining pond, then visited city commissioner to discuss possibility of having work done by county drainage project.

Inspected well.
Inspected septic tank under construction, then inspected and approved three other septic tanks.

Inspected septic tank on Massaline Drive.

Inspected new eating place.

LUNCH

Went to Tallahassee (80 miles) to see new dairies to get ideas about floor drains, etc.

Returned at 6:45 P.M.

A food handler in Panama City stops Mrs. Noice Strickland, supervising nurse for the Bay County Health Department, to question her about the food handlers' clinic.

BAY

(An average, single county unit)

The Bay county Health Department is an excellent example of an average single county unit that has "made good." It serves the 43,188 citizens of Bay County, including Panama City, which is a thriving city on Florida's upper Gulf Coast. The city and county appropriate approximately $.40 per capita to support the Department's activities. While the central offices are in a well constructed, adequate building in Panama City, services are also rendered to all the county, and clinics are held in outlying areas such as Lynn Haven and Fountain.

Typical of the best in community effort is the Bay County Health Department's cooperation with other organizations. The local tuberculosis association is housed in the Health Department's building. Cases are often referred back and forth between the Department and the Crippled Children's Commission; the State Rehabilitation Service (for adults who have chronic but correctable conditions); the Hotel Commission and Beverage Commission, on sanitation of eating places; the Agricultural Department on milk sanitation. For financial assistance for its patients, the Department turns to the District Welfare Board and the Community Chest. The Lions Club (which is interested in sight conservation), the local chapter of the Infantile Paralysis Foundation, and the local Cancer Society—all these and many more contribute to the health and happiness of the people of Bay County.

The staff of the Bay County Health Department is headed by Dr. Franklin Reeder, as its health officer, and consists of a supervisor of nurses, three white nurses and one colored nurse; two sanitary officers and one trainee; clerks, secretary, colored venereal disease investigator; a clinic aide and janitor.

On the following pages there is given an average day's activities for three of the members of the Health Department.

Remember that these represent only one-fifth of the personnel and therefore only a small portion of a day's work is shown that weekly, monthly and yearly protect the health of the residents of Bay County.

Teaching mothers how to care for their infants is another duty of the public health nurse and Mrs. Noice Strickland of Bay County shows a mother how to bathe her child.

Horace Champion (left), Jewett Sewell (center) and John Sullivan (right,) of the Bay County Health Department, inspect a dairy. Such inspections are part of their daily routine and help insure the community of a safe milk supply. (Below) Rodent control is another duty of the health department. Here Sanitary officers put out 1080 to kill rats in a grocery store.

Close tab is kept on restaurant sanitation by sanitary officers of county health departments and here John Sullivan of the Bay County Health Department shows a food handler food participles left on a dish after washing.

ST. LUCIE-INDIAN RIVER-OKEECHOBEE

(A young tri-county unit)

This unit is one of the youngest in the state, having been organized less than a year. It is composed of three county units, each of which has its own nurses, a clerk and a sanitary inspector. To share the cost of highly trained key personnel, which no one of these counties could afford individually, a physician who acts as director of the whole unit and a supervising nurse are maintained to supervise the activities in all three counties. Recently a sanitation expert was added to direct the unit's sanitary program. The health officer, Dr. J. Ross Hague, an ex-officer of the U. S. Public Health Service, has his headquarters in Fort Pierce where the health department's quarters are in a practical frame and metal building on a side street in the industrial section. At Vero Beach, the department is located in the old administration building at the abandoned Navy airbase. Okeechobee's offices are in rooms at the city hall.

In each of the counties the elements of a general program of public health activities, including venereal disease clinics, maternity instruction, tuberculosis case-finding and supervision; the examination of school children—to detect physical handicaps and to immunize them against communicable diseases; the inspection of dairies and restaurants; the examination of the milk and water supply; the promotion of sanitary waste disposal methods; the keeping of birth and death reports and a count of all diseases in the county—keep the small staff busy every moment.

"These essential services do not burst into full-scale operation over night," Dr. Hague explained. "The people in a newly-organized community require time to learn what services their health department is equipped to render—and to call on it for help," he added.

"Actually, we're just ready to begin, now that these basic activities have gotten into full swing," said Dr. Hague, as he was interviewed amidst a steady flow of interruptions: to read a skin test for tuberculosis in a Negro child; to arrange with the local Cancer Society chairman for transportation of an indigent

Dr. J. Ross Hague, of the Indian River-Okeechobee-St. Lucie Health Unit, consults with Mrs. B. Arnold, Girl Scout Camp Chairman of St. Lucie, and A. B. Jackson, sanitary officer, about the sanitation facilities at the Scout camp.

Supervision of midwives is one of the many important duties of the public health nurse, and here Mrs. Alice Helbso (rear), supervising nurse of the St. Lucie-Indian River-Okeechobee Unit, and Mrs. Hazel White (front), field nurse, St. Lucie County, instruct a group of midwives on the proper way to wash their hands before delivering a patient.

case to the local tumor clinic; to check the newspaper "write up"—concerning the typhoid inoculation program; to take a laboratory specimen on a child that might have diphtheria; to settle a question of one of the staff nurses; to talk with a county social worker about the medical aspects of a needy client; to read the reports on blood tests so as to decide the treatment of syphilis cases; to give a preschool examination to a little yellow-haired girl starting to school in September.

"We're starting well-baby conferences in the Negro section next week and also opening typhoid inoculation stations around at strategic county locations. Sorry, I'll have to go now. Have an appointment in Vero Beach. You think I'm busy? Everybody around here goes at the same pace—nurses, sanitarians and clerks."

With such an ambitious program as Dr. Hague has outlined. we are sure that this young and lusty "infant" will soon mature into a major force for health protection in St. Lucie, Indian River and Okeechobee counties.

HILLSBOROUGH

(A large single county unit)

A smooth clicking team of 90 workers, headed by Dr. Frank Chappell, help maintain the Hillsborough County Health Department's record as one of the outstanding units in the State.

This department was organized in 1936 and later, in 1944, was consolidated with the city health department. The merger was brought about partly through the efforts of Dr. Wilson T. Sowder, who was acting director of the Hillsborough County Health Department in 1941 and who is now State Health Officer. Here we would like to point out that separate city and county health departments are practically extinct in Florida.

Local funds which support the Hillsborough County Health Department amount to $0.84 per capita. The county commission

Shown are Mrs. Bernice Duke (left) and Mrs. Garnet Shirley, nurses with the Hillsborough County Health Department, checking patients at a prenatal clinic.

contributes $0.63 of this amount from tax money, while the remainder comes from the school board, fees and other sources. For this amount the citizens of Hillsborough County receive many and varied services.

Take for instance the recent rabies outbreak. It constituted one of Hillsborough's biggest headaches. But it could have been much worse had it not been for the work done by the health department. First, they repeatedly warned the public of the dangers of rabies. They stressed the need for having dogs vaccinated against rabies. They started a drive to round up and impound all stray dogs and strongly advised the elimination of such animals. Then, they made available, without cost, rabies treatment to all those who had been in contact with animals suspected of having this disease. It cost the health department more than $17,700 to follow up on the rabies cases among dogs and treat those persons who were bitten and came to the health department for treatment. Considerably more than that was spent by citizens who went to their private physicians for treatment. Certainly the facts would not be stretched to state that it cost everyone involved well over $50,000 for the rabies epidemic of 1947.

Hillsborough residents should feel proud that their health department conducts a full-time dental health program. For, this department is one of the few in the State having such a program.

Necessity for an extensive state-wide dental health program is borne out by recent surveys which show that approximately 90 per cent of the children in Florida have dental defects. There are many factors contributing to this situation: one is the shortage of dentists; another, there isn't enough money in the budgets of many health departments to employ a public health dentist—even if they could find one; while the economic status of many families prevents them from seeking dental care.

Stream pollution and pollution of water supplies has caused a big stir in Hillsborough—as it is in other sections of the state. Hardly a day goes by that Dr. Chappell does not receive a call about this situation. However, thanks to the efforts of the health department and an awakened group of local public officials, Tampa especially is now moving to eliminate the pollution of nearby streams.

Dental health is a necessity for all. Shown here is Dr. S. C. Vaccaro, full-time dentist with the Hillsborough County Health Department, examining a patient.

The prenatal and well-baby clinics grew so rapidly in this health department that they grew right out of the main building. Now, clinics are scattered in various sections of Tampa and in strategic spots throughout the county.

Any expectant mother may attend these clinics where a physician will be on hand to do examinations, give advice as to diet, weight, etc. This service is available right up to the time of delivery.

After the infant has been delivered, the nurses with the health department are right on the job to see that the baby receives the right kind of attention. A nurse will visit the home, show the mother how to bathe the child, prepare a formula if prescribed, and in many ways, make both mother and baby a lot happier and healthier.

Mothers are urged to put their babies under the supervision of a physician, and if they are not financially able to do this, they are invited to attend the nearest well-baby conference.

Such service is helping to lower Florida's all-too-high maternal and infant death rate.

Although the Florida State Board of Health is conducting an intensive tuberculosis case-finding program by utilizing mobile x-ray equipment in county-to-county surveys, the county health departments maintain a year-round program to find tuberculosis cases. In this field Hillsborough has a unique arrangement: the local tuberculosis association assigns a welfare worker to the health department—her job is to help those people who are found to have tuberculosis. She helps arrange for the family's care (especially if the patient is the mother or father) and does countless things along this line to give the patient an easier mind.

Dr. Chappell has the cooperation of the county commissioners when a patient needs hospitalization and is unable to pay for it. For example:

A nurse, in talking to a man whom we will call Mr. X, was told by him that he had noticed a loss of weight, a temperature every afternoon, etc. The nurse, suspecting tuberculosis, advised Mr. X to see a physician immediately However,

Discussing Hillsborough County Health Department's budget are Fred W. Ball, chairman of the County Commissioners, Nick C. Nuccio, county commissioner and Dr. Frank Chappell, director of the health unit.

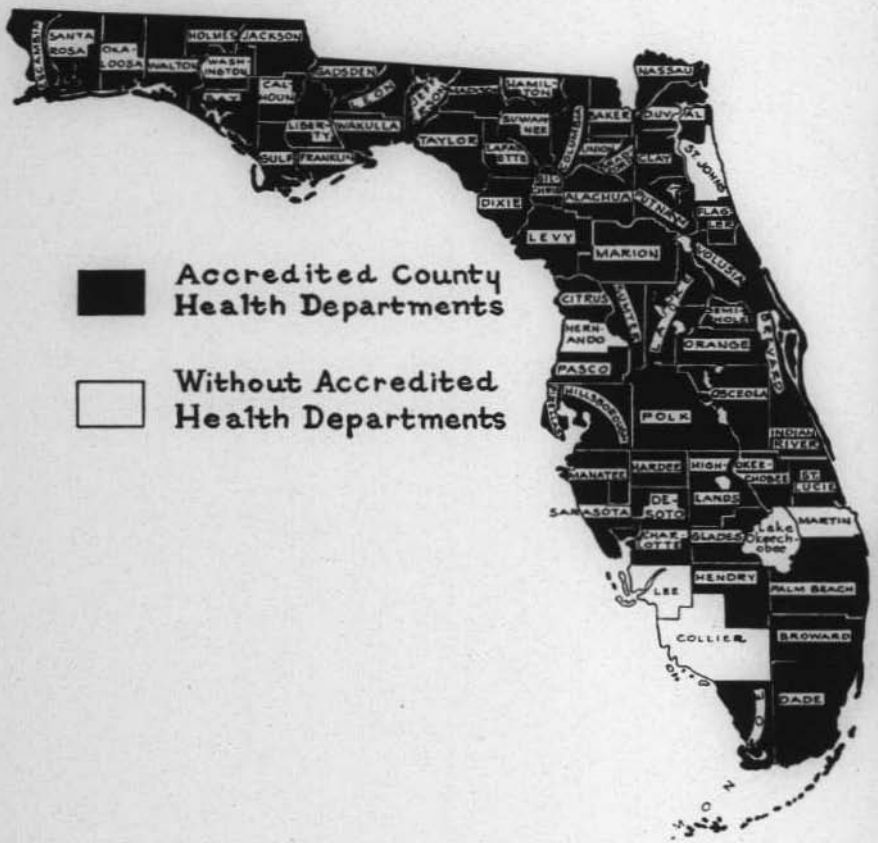
it turned out that he was unable to afford such service, so he came to the health department. There he was given a chest x-ray, sputum test and physicial examination. The results were positive and he needed hospitalization. Now came the big problem: how to pay for care and treatment? Who would take care of his wife and children?

His problem was solved in short order with an OK from the county commission that they would pay for hospitalization; while the welfare worker made arrangements for the family's care. So Mr. X was able to enter one of the State's tuberculosis sanatoriums located at Drew Field, Tampa.

These are just a few of the ways that the Hillsborough County Health Department serves its public.

"The Health of the people is really the foundation upon which all their happiness and all their Powers as a STATE depend."
—Disraeli (1877)

STATE OF FLORIDA



Florida HEALTH NOTES

Published by the Florida State Board of Health since 1892
JACKSONVILLE - NOVEMBER, 1948 - VOL. 40 - No. 11

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Pictures on pages 228, 234, 235 courtesy of Children's Home Society

Florida HEALTH NOTES

THE BASIS

It is a well known fact that the infant death rate is one of the best indices of the health of a community — that maternal and infant hygiene programs are the basis upon which an alert health officer first builds his program.

It behooves us to remember that the children of our nation are its hope — its future. But it is unfortunate that we disregard many of the needs for increased health services to our children. Doctors, dentists, nurses, public health officials cannot do it alone. You, the people, are the ones who must want your children and those in your community to be happy, healthy citizens — to realize their greatest potentialities.

A study of existing health facilities for the care of mothers and children has been made by the American Academy of Pediatrics. Because the period covered was 1944-1945, we can say with certainty that many of the study's figures have been improved. But we must admit there is much room for improvement.

Needed right now is an upsurge of interest on the part of us all to see that facilities for the care of mothers and children are more widespread and within the reach of every mother and child.

Wilson T. Sowder, M.D.
State Health Officer.

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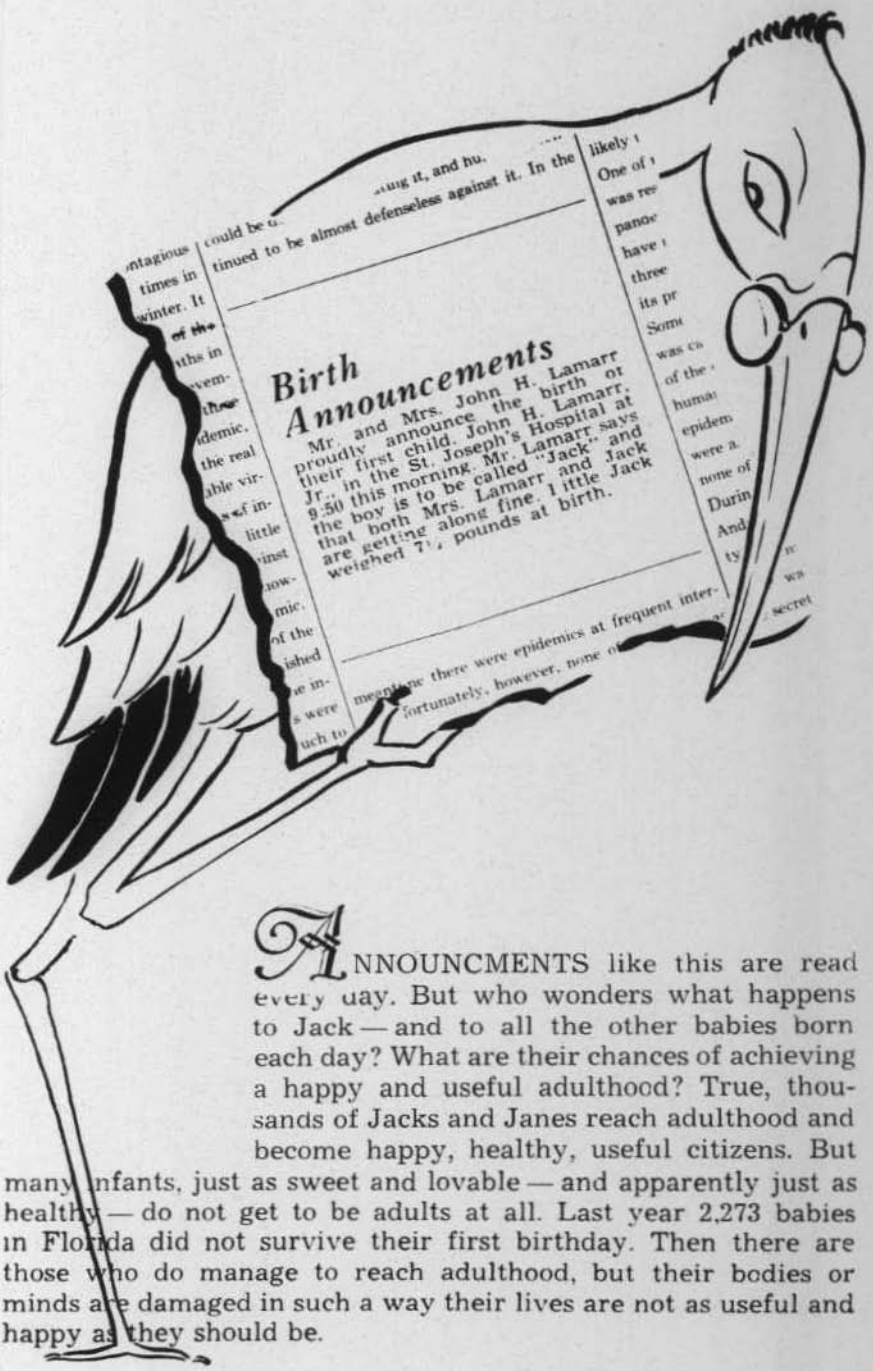

ANNOUNCMENTS like this are read every day. But who wonders what happens to Jack — and to all the other babies born each day? What are their chances of achieving a happy and useful adulthood? True, thousands of Jacks and Janes reach adulthood and become happy, healthy, useful citizens. But many infants, just as sweet and lovable — and apparently just as healthy — do not get to be adults at all. Last year 2,273 babies in Florida did not survive their first birthday. Then there are those who do manage to reach adulthood, but their bodies or minds are damaged in such a way their lives are not as useful and happy as they should be.

Realizing this the American Academy of Pediatrics in the fall of 1944 undertook a far-reaching project based on the conviction that physicians themselves should assume greater responsibility in planning medical care for children. The stated objective was —

> *To make available to all mothers and children of the United States all essential preventive, diagnostic and curative medical services of high quality which, used in cooperation with other services for children, will make this country an ideal place for children to grow into responsible citizens.*

To devise effective plans for achieving this objective, more complete information was necessary — especially in regard to the existing facilities for the care of children. A nationwide study of child health services was undertaken with the cooperation of the U. S. Public Health Service and the U. S. Children's Bureau.

The Florida Pediatric Association was one of the first groups to get its study under way. It was a mammoth undertaking, despite the impression that agencies rendering community health services must have recorded their activities and that such records must have been pooled for community planning.

Cooperating with them in the study was the Florida Medical Association, State Board of Health, State Dental Society, State Tuberculosis and Health Association, State Hospital Association, State Department of Education, county chapters of the National Foundation for Infant Paralysis, state and local welfare agencies, parent-teacher associations, the Florida Crippled Children's Commission and the Florida Children's Commission.

The State Study Committee was composed of Dr. George L. Cook, chairman; Miss Stella Lackey, executive secretary; Dr. James R. Boulware, Jr., Mrs. Margaret Bristol, Dr. Hugh A. Carithers, Mrs. Sylvia Carothers, Dr. Bryant S. Carroll, Dr. L. J. Graves, Dr. Luther W. Holloway, Mr. Marion T. Jeffries, and Dr. Wilson T. Sowder.

The findings of this study are being published this fall but will cover the period 1944-1945. The facts and figures presented are useful in giving a composite picture of total public and private efforts meeting the health needs of children through community programs.

What are the Health Needs of Children?

1. The right start in life through healthy parents and good care for mothers during the maternity period.
2. Supervision of health and development of infants and children at stated intervals.
3. Health instruction in schools and health education of parents in methods of maintaining both physical and mental health.
4. Medical and dental care when needed.

THE RIGHT START IN LIFE MEANS —

* A healthy father and mother.

* Good care for the mother through the prenatal period — In the home, including food planned to meet the needs of both mother and baby, sunshine, exercise, rest, and freedom from worry.

  Through regular medical supervision and dental care from private practitioners, prenatal clinic, or health center. Advice from a public health nurse will assist the mother in carrying out the doctor's orders.

* Birth in a hospital equipped for maternity services or under safe conditions at home. Medical attendance should be given by an obstetrician where possible.

* Medical supervision of the baby from birth. This should be given by a physician especially trained in the care of babies or by a qualified family doctor who can consult such a specialist when necessary.

MATERNAL CARE

Although Florida's maternal death rate has decreased 67 percent since 1940, the 1944-45 Study reveals Florida is low in providing facilities to reach all mothers and newborn infants. Only 74 percent of all births in Florida took place in hospitals last year. Less than one-third of our Negro babies are born in hospitals. The shortage in hospital beds for maternity care is particularly great in rural areas and small urban centers. Twenty-one woman died in childbirth for evry 10,000 babies born. The

death rate for Negro mothers was four times that for white mothers. Yet the reduction mentioned above is noteworthy.

Some of this reduction is undoubtedly due to the efforts of the Emergency Maternal and Infant Care Program which began in 1941. Maternity or prenatal clinics had been established in many Florida counties, but this EMIC program brought good maternity care to the attention of many women unused to such services. With the expansion of local health services into almost every county in Florida, the prenatal clinics operated by the county health departments, under the auspices and with the aid of the local physicians, are saving more and more mothers and giving their babies a better start in life. But as the 1944-45 Study points out —

> *Not all counties are providing facilities for the care of every expectant mother and newborn infant.*

Midwives. One problem in reducing the death rate of mothers in childbirth is the provision for medical care of those living in isolated areas where a physician's care is not available. For this reason the training and licensing of midwives, primarily Negro, who serve these people, is a major function of the Florida State Board of Health's Division of Public Health Nursing and Bureau of Maternal and Child Health. Last year these midwives attended 9,221 births.

There are 469 licensed midwives in Florida. They are not considered to be highly trained, yet coming under the direct supervision of county health departments, these midwives, recommended by their local physicians, attend monthly classes conducted by public health nurses and stand rigid inspections. To assist this group, Florida now has seven Certified Nurse Midwives, one being a State Consultant with the other six located strategically throughout the state.

Hospitals. The development of maternal and child health services can be aided by the building of new hospitals with funds provided by recent legislation. Many of these hospitals and health centers can be built in places that are now without such facilities. The Federal Hospital Survey and Construction Act of 1946 has resulted in a substantial increase in hospital building, and by the end of this year approximately $13,000,000 is expected to have been contracted for construction purposes. Of this $13,000,000, approximately $4,250,000 will be committed in Federal grants.

All general hospitals constructed under this program are provided with modernly designed and equipped delivery suites and nurseries. The first hospital to be completed under this grant-in-aid program was the Suwannee County Hospital. During its first week of operation a premature infant was born weighing less than three pounds. A modern incubator with constant oxygen supply was immediately available and now this little girl is gaining weight and doing well. A life might have been lost had this delivery suite and nursery not been provided with the most modern equipment.

INFANT CARE

By 1947 infant mortality in Florida had decreased 31 percent since 1940 — but in 1947 out of every 1,000 babies born alive 37 died before the end of their first year. The rate for Negro babies was almost 50 percent greater than the white rate. Last year 17 percent of all babies born were born without medical supervision and yet their first day is the most critical day of their lives. In that same year 1,690 babies died before the end of their first month of life.

Last year 857 babies died because of premature birth which accounts for more deaths among infants than any other single cause — 502 of these died in their first day of life. In the first year of life 87 died last year from gastrointestinal diseases; 262 from pneumonia, influenza and other respiratory diseases; 47 from measles and other communicable diseases.

Many of these babies might have lived if their mothers had been given better care during pregnancy and if the newborn had received better care at birth and in earliest infancy.

The 1944-45 Study points out that there is need for appropriate distribution in rural as well as urban areas of —

- ★ well-trained professional personnel of all types, including general practitioners, specialists, and nurses.
- ★ well-equipped and well-staffed health centers, hospitals, clinics, convalescent facilities and laboratories for use as diagnostic and treatment centers as well as for preventive health services.

It is known that to give the best care to children, general practitioners should have special training in preventive and curative pediatrics, but to make available to all families in which there are children the services of a pediatrician, even if only as a

FOR WANT OF CARE

LIVES ARE LOST

consultant, requires the training of many more of these specialists. Since 1933 the Florida Medical Association has conducted Short Courses for doctors of medicine to which physicians from all over the state have gone for postgraduate study. A special feature of the Medical Association and State Board of Health's combined effort has been the postgraduate training of physicians in pediatrics at the pediatric seminars held annually in Saluda, North Carolina. Many Florida physicians have attended these seminars with expenses paid by the State Board of Health.

In meeting the need for nurses with advanced training in maternity nursing or in midwifery and in care of newborn infants, the State Board of Health has provided many opportunities for postgraduate study. Field practice training also is provided for nurses, as well as physicians, entering public health work. The State Board of Health Training Center at Gainesville has become outstanding in this effort to improve public health services.

The 1944-45 Study reveals, however, that the training of physicians and nurses in specialized fields should be expanded. Especially should more nurses be trained in the care of premature infants.

Premature Care. The whole problem for the care of premature infants should be enlarged. Expanded facilities in hospitals should provide for better care of premature infants. General hospitals, whether large or small, serving a wide area, should have special nursery facilities for premature infants. However, in one important phase of premature care—the provision of incubators—Florida already has taken steps. Recently 61 incubators were sent to the county health departments of Florida for temporary or permanent loan to local hospitals.

MEDICAL SUPERVISION

The foundation for health is laid in the first six years. Most babies are well when they are born. To keep them well there should be

* continuous supervision by a doctor interested in the care of babies.
* Supervision should begin as soon as the baby is born and should continue frequently through the years before the child enters school and somewhat less frequently thereafter.
* During the first year the baby should be examined by a physician at least once a month.

Care That Saves

With a thorough medical examination by Dr. Cornelia Carithers, Jacksonville pediatrician, this baby is getting a good start in life. Continued health supervision is a "must" for all children.

Up to the age of six the child should have an examination every six months by a physician and by a dentist. Besides giving a child regular physical examinations, the doctor will give him —

* protection against many diseases and will tell the parents what **they** can do to guard against other diseases.

* He will advise the parents how to establish the health habits that will give the child a chance to grow up well and strong.

This continued health supervision is the aim of all health agencies, public and private, and a constant educational program goes on to persuade parents to put their infants under the care of their private physician for regular check-ups.

Regular immunization schedules are recommended as follows —

TYPHOID	**Vaccine given at any age after two years (optional, depending on chances of exposure). Subsequent booster doses recommended.**
SMALLPOX	**Three months of age. Repeat at six and twelve years of age; any time after exposure or during an epidemic.**
DIPHTHERIA - WHOOPING COUGH - TETANUS	**Three months to eight years. Repeat booster dose at age six.**
DIPHTHERIA (only)	**Six months to eight years.**
WHOOPING COUGH (only)	**Two months to four years.**
TETANUS (only)	**Any age when indicated.**

DENTAL CARE

The 1944-45 Study says that our provisions for corrective dental care of preschool and school children and of pregnant and nursing mothers are seriously inadequate in practically all cities, towns and counties. This is still true.

It is estimated that at least 90 percent of all school children have dental defects which need care. Many counties have no dentists at all and only six county health departments carry on a dental health program.

In improving provisions for child health services the problem of providing adequate dental care is one of the most serious. The Florida State Dental Society and the State Board of Health are studying recommendations and revising their plans, but to provide better dental services and to meet the dental needs of children throughout the state, more money is needed.

MENTAL HEALTH

More must be done about the mental health of children. It is said that one out of 22, at today's rate, in the United States, can expect to spend some part of his life in a mental institution. That figure can be cut down by getting skilled care to these children in time. Parents should have some place to turn for expert guidance when signs first indicate that the youngster is emotionally upset —

* Children with night terrors and those with "tantrums."
* The boy or girl who doesn't get along well in school.
* The adolescent who is shy and retiring.

These children need help just as much as the child whom we ordinarily think of as being sick. Yet, outside of metropolitan centers, most parents have nowhere to turn for help.

Florida now has five mental hygiene clinics operating, but there is still need for more clinics, for more psychiatrists, for more psychiatric social workers. The whole program must be expanded.

CRIPPLING CONDITIONS

A big job yet is to extend the existing services for children with crippling diseases and to develop new programs in areas where the needs are greatest. More children can now be reached, not only those who are already physically handicapped, but also those who are suffering from a condition that may lead to crippling. More adequate services should be developed for the "spastics"— children with cerebral palsy — and for children suffering from epilepsy and rheumatic fever.

Still another group to whom aid should be given in greater numbers are those with hearing difficulties. Many who might be aided are growing up under a handicap that profoundly affects

their intellectual and emotional development. School and public health authorities in Florida are testing large numbers of school children with the use of audiometers, and the State Board of Health has 40 of these machines available for school use through the county health departments. Lack of trained technicians and public interest, however, seriously handicaps this vital aspect of the school health program.

Diagnostic and treatment facilities should be extended to include children with other types of physical handicaps, such as visual defects, asthma and diabetes. More can be done for children with infantile paralysis and for those left crippled by it, even though the 1944-45 Study found that convalescent care for victims of poliomyelitis is readily available to any child in need of it, no matter where he lives in the state.

The Florida Crippled Children's Commission has done excellent work in aiding children with many of these crippling diseases. Trained personnel and an expanded program, however, are needed to assure care for every child with a crippling handicap.

What Can a Community Do?

Every community should protect its children's health by providing at least the following services:

1. A local health department under a full time public health officer, well staffed with sanitary officers, public health nurses, and other necessary personnel.
2. Prenatal clinics and child health conferences for infants and preschool children, conducted regularly in places convenient to all families needing this service.
3. Health supervision for every school child.
4. Immunization against communicable diseases — and at an early age.
5. Medical and dental care available for all children.
6. Adequate hospital and clinic facilities for care of the sick, crippled and blind.

Since the 1944-45 Study was started public health services have spread into sixty-two Florida counties and are within the reach of 97 percent of the people of the state. More than 330 trained public health nurses are now employed. Trained sanitation personnel has increased 89 percent since 1945. County-wide programs are carried on in maternal and child health, school health, environmental sanitation, health education and preventable disease control. The number of prenatal clinics and well child conferences will grow as our county health departments become better established.

CORRECTION OF DEFECTS

School and public health agencies are striving to work out better plans for school health services. One important need is the correction of defects found in children at school examinations—and in clinics. When examinations are made and defects found, there is seldom adequate provision made by the community for remedial service. These defects are found again, year after year, at re-examinations. Physicians, civic clubs and welfare agencies cooperate with school and public health authorities in obtaining corrections, but too many children are growing up with crippling handicaps that could be overcome.

HEALTH EDUCATION NEEDS

Parents everywhere must have information as to what constitutes good maternity and child care. As adults, parents should be interested in learning more about the mental and physical health of their children from doctors, dentists, public health nurses, and other health workers — and through radio, books and pamphlets, and visual aids, such as exhibits, posters, and films. It is important to the present generation of children, and to each succeeding one, that opportunities for health instruction of children and adults be improved and extended. However, the primary responsibility for the instruction of children in healthful living rests with the schools, and the State Department of Education is putting more and more emphasis in its curricula on this important phase.

Their Chances of Reaching Adulthood Depend on You

In comparison with many other states the 1944-45 Study ranked Florida below the average in the amount and distribution of health services provided for children. The deficiencies which exist could be greatly reduced by the organization of local groups concerned with promoting the health of their children. The Florida Children's Commission, appointed by the Governor, recognizes the influence of health factors in the development of the growing child and is giving great emphasis to health in its general program to improve the welfare of our children.

With aroused groups in each county interested in the medical needs of children and with the cooperation of medical, dental and public health agencies, essential preventive, diagnostic and curative medical service of high quality **can** be made available to all mothers and children. It will take time to recruit and train personnel and to develop plans and much will have to be done before all parents can be assured of good care within their reach.

We cannot afford to have neglected children in our communities. Those who are fortunate enough to be able to give their children good medical care should feel impelled to take an interest in the health of other children besides their own. Health is a right and a necessity for all children, no matter what the economic status of their families.

We can all help in raising health standards for our children by first getting clearly in mind what a child requires to be healthy and strong and to live a normal life. It is easy to remember —

good parents
good home
good food
good health supervision
good daily care
good companionship
good guidance

Easy to remember, but hard to attain, unless the spirit of real neighborliness enters into the building of the community's health program. Are all the children in your community getting these things?

Children Do Not Wait To Grow Up

"The Health of the people is really the foundation upon which all their happiness and all their Powers as a STATE depend."
—Disraeli (1877)

STATE OF FLORIDA

Florida HEALTH NOTES

Published by the Florida State Board of Health since 1892
JACKSONVILLE - DECEMBER, 1948 - VOL. 40 - No. 12

ON STAYING ALIVE

The State Board of Health

Hon. Millard F. Caldwell
Governor of Florida

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Nutrition Investigations and Services
Walter Wilkins, M.D., Ph.D.

Bureau of Tuberculosis Control
C. M. Sharp, M.D.

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Alachua	Gainesville
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Broward	Ft. Lauderdale
Calhoun	Blountstown
Charlotte	Punta Gorda
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Lake	Tavares
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Liberty	Bristol
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Manatee	Bradenton
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Putnam	Palatka
Santa Rosa	Milton
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Pictures of Gwen posed for by Ann Barker, of the Florida State Board of Health.

Florida HEALTH NOTES

AN EASY WAY

How, where, when and whom does tubercuosis attack? Not long ago it was thought the best way to find these answers was through surveys of industrial, occupational and racial groups. At best the information gained was spotty and misleading. Then came a swift, efficient way to find tuberculosis—mass x-ray surveys of any large group of people.

Now housewives, business men, clerks, maids, plumbers, artists——anyone can walk up to an x-ray machine and have a picture made of his chest. Whether he has tuberculosis or not will soon be determined.

There should be no delay in finding tuberculosis. Undiscovered, the disease grows, often to the point of hopelessness; unchecked, it spreads freely; and unrecognized, it breeds new cases. To find tuberculosis, Florida has the equipment and personnel for waging mass x-ray surveys in every corner of the state. Since 1947 when these surveys started 1,009 cases of tuberculosis have been found.

Think of the number of people who owe their lives to x-ray! They didn't suspect tuberculosis—the x-rays did. When signs of tuberculosis become alarming, it's almost too late then. Thus we all should heed the warning—"Man Alive, Stay Alive! Check your chest today."

C. M. Sharp, M.D., Director
Bureau of Tuberculosis Control.

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WHAT'S

NAME	Gwen
AGE	25
HEIGHT	5'4"
WEIGHT	115 lbs.
BUST	34"
WAIST	24"
HIPS	33"
ANKLES	8"
HAIR	Dark Brown
EYES	Hazel
OCCUPATION	Secretary
HOBBIES	Dancing Swimming Movies
HEALTH	?

WRONG WITH HER?

There's Gwen—who might well be called a typical young American business girl. She's 25 years old, works five and a half days a week as a secretary——and is wearing a diamond on the third finger, left hand. But—

there's something wrong!

Gwen hasn't been feeling well now for sometime. She is tired most of the time. She's lost her appetite. She's losing weight —losing interest in life about her.

Impatiently Gwen shrugs off her tiredness by telling herself "I must slow up, get more sleep, take more time for relaxing. I've been working too hard."

Yet her tiredness goes on and on, gathering momentum, until . . .

"Say, Gwen, the morning paper says the TB x-ray machine is in town. Why don't we go down and get an x-ray?" her friend Sue said one day.

"You don't think we have TB do you? Where on earth would we get it? I haven't been around anyone with tuberculosis!"

"Maybe not," replied Sue, "but read this," handing Gwen the paper containing the story about the mass x-ray survey. "According to this, every person 15 years of age and older should have a chest x-ray survey at least once a year."

"It says too, that it doesn't cost anything and you don't have to undress," said Gwen in surprise. "Let's go!"

Off they go—just two of the many persons in Florida taking advantage of the mass tuberculosis x-ray survey being offered by the Florida State Board of Health in cooperation with local health departments, the State Tuberculosis and Health Association, and the State Tuberculosis Board.

The State Board of Health has five x-ray machines which may be used for each survey—the number used in each county depends upon the size of the population. These machines are placed at convenient spots in the county—as Gwen and Sue found out when given time off by their boss to have their x-rays. . . .

After arriving at a downtown location of one of the x-ray machines, they registered for their x-rays. A short time later, Gwen found herself in front of the machine.

"Take a deep breath, now hold it. O.K., that's all. Next!" says the x-ray technician.

"Well, that certainly didn't take long and it didn't hurt! Wonder when we'll get our report?" said Gwen, turning to Sue who had followed right behind her.

"I imagine it will take a week or two before we hear," answered Sue. "Just look at all the people here." . . .

Sue was exactly right, for there is a terrific amount of behind-the-scenes activity connected with the x-ray survey—a lot more than she, or many like her, realize.

Since October, 1947, when this huge undertaking began, nearly 445,000 persons have been x-rayed.

The purpose of the x-ray survey is to find every case of tuberculosis in the community and by doing so, to control and eventually eradicate the disease. As a direct result of the survey, 1,009 definite cases of tuberculosis have already been discovered. Thus lives have been saved and many persons, found to have tuberculosis in an early stage, are able to be cured without being hospitalized. This represents not only a financial saving to the individual, but also to the taxpayers who help support the tuberculosis sanatoria in Florida.

If Gwen and Sue investigated the work connected with a mass tuberculosis x-ray survey they would discover:

First that a county health department decides a mass x-ray survey is desirable. The local medical society is approached for approval of the idea. Then the local tuberculosis association is contacted for assistance in lining up a tentative program. That being settled, the request for the survey is forwarded to the State Board of Health who gives the health officer a definite time when the x-ray equipment can visit the county.

To iron out the wrinkles that crop up and to coordinate the activities of all the groups participating in a county x-ray survey, expert consultation service is needed. That is why the three sponsoring agencies, the State Board of Health, Tuberculosis and Health Association, and Tuberculosis Board employ a qualified person to act as a coordinator for the program.

When the request for the survey is received, the coordinator goes to that county to interpret the service and to explain its overall operation. The organization plan for the community is

set up and coordinated with the local resources necessary to make the program a success. Some of the groups in a community who assist are: the tuberculosis association, medical society, city and county governments, civic organizations, volunteer agencies, and related county service agencies, such as the school board, county agents, social workers and nurses.

The next step is a difficult one: that of setting up the schedule plan of operation—where each x-ray machine will be located and when—the idea being to have each machine operating where it is easily accessible to the largest number of people.

Time and place is important. Take Gwen and Sue, for instance, they may have by-passed their chance to get a chest x-ray had an x-ray machine not been easily available at a time when their employer could give them the time off.

When these details have been worked out, representatives from the interested community groups meet to solve such problems as: general promotion, registration, press and radio publicity, door-to-door canvassing, public speakers, and so on.

At their meeting you would hear—

"We'll take care of the door-to-door canvassing," says the Red Cross representative.

"The health committee of the Parent-Teacher Association will be happy to help with registration," speaks up the delegate from that group.

"The Boy Scouts will distribute posters and handbills," comes the answer from the head of that organization.

"We'll be glad to cooperate in giving you newspaper space and radio time," say the representatives from those two publicity mediums.

Utility companies, such as the Florida Power and Light Company and municipal and private plants, give service connections and power for the x-ray machines without cost.

Theaters run educational films and announcements of the survey. Negro community groups do door-to-door canvassing to inform their people of this opportunity. Other individuals offer to inform the public of the survey's coming through telephone canvassing.

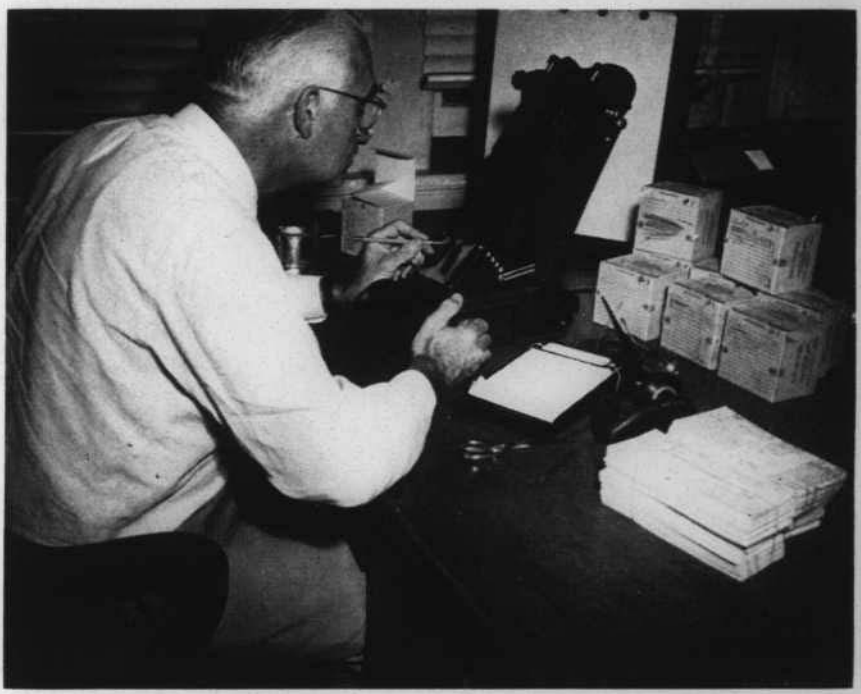
Business men, church groups, wage earners, and many others come forward with offers of help. This goes on until finally most of the work has been assigned to either an agency or an individual. The planning council utilizes all possible avenues of promotion.

A typical community planning group was that of Palm Beach County when the following got together to arrange for the coming of the State Board of Health's x-ray team: Left to right are Miss Ruth Shepard, Executive Secretary of the Tuberculosis Association; Mrs. W. R. Maser, Seal Sale Chairman; Dr. Burton Austin, Director, Palm Beach County Health Department; Lake Lytal, member, Palm Beach County Commission; Mrs. Ramona Masure, State Coordinator the mass x-ray survey; Mrs. J. L. Turnage, chairman, general promotion; Mrs. Clara H. Capron, Supervisor of Education, Palm Beach; Mrs. Guy W. Allison, member, Palm Beach Tuberculosis Association Board of Directors; and Peter Cunningham, attorney.

A group of community representatives, thinking and planning together, provides the best solution to the majority of problems arising in presenting a mass x-ray survey to a community. There are differences of opinions during such sessions, as is only natural, but these are soon ironed out.

Just prior to the opening date of the survey, a broadside of publicity is fired at the public through press and radio, posters, hand bills and speeches. Because the success of the survey depends largely upon the people's knowing—when, where, how, why and for whom—every means possible to bring the survey before the public is used.

That's how Gwen and Sue found out about the survey in their local paper. Now that they have had their chests x-rayed, let's follow the x-ray films to the State Board of Health's Bureau of Tuberculosis Control in Jacksonville.



With each x-ray unit taking from 500 to 700 x-rays a day, you can well imagine the pile of x-ray films that arrive at the State Board of Health for study and interpretation. Dr. C. M. Sharp, director of the tuberculosis bureau, has the job of reading and interpreting each x-ray. An expert at this, he reads as many as 1,500 a day.

Looking over his shoulder while he reads the films, you might not notice anything wrong with these films, but his trained eye sees more than—just ribs!

Here Dr. Sharp reads a large x-ray which is necessary in the follow-up procedure when the first x-ray is "suspicious." Florida's follow-up program is outstanding in that 89 per cent of persons with "suspicious" x-rays receive follow-up attention.

Here, Dr. Sharp will point out that although the x-ray is intended primarily to discover unknown cases of tuberculosis—other abnormalities, such as cancer and heart disease, have been found through the mass x-ray survey. Thus far 2,438 abnormalities, other than tuberculosis, have been discovered.

Dr. Sharp's transcription of his findings might read like this:

No. 2991—Suspicious of tuberculosis. Get 14x17 x-ray (this is a large film for more thorough study.)

No. 2993—Enlarged heart. Refer to private physician.

No. 3002—Definite tuberculosis. Get 14x17 x-ray.

No. 3227—Abnormal density, right base. Refer to private physician.

No. 3416—Suspicious of tuberculosis. Get 14x17 x-ray.

No. 3792—Definite tuberculosis. Get 14x17 x-ray.

No. 3811—Area of atalectasis involving right lower lungfield suggests presence of obstruction of the bronchus. Suspicious of bronchogenic carcinoma (cancer). Refer patient to private physician.

No. 4001—Multiple opacities over right upper chest and in shoulder area suggesting presence of bird shot. (Not at all unusual!)

These findings are relayed back to the local health department who then sends cards to all those who had x-rays during the survey. The persons whose x-rays were "suspicious" are requested to return to the health department for another x-ray. A larger picture is taken at this time. . . .

"Say, Sue, I got a letter today about the x-ray I had made. I'm supposed to go to the health department for another x-ray. Wonder what's wrong? Do you have to go back?"

"No, I got a card saying mine was O. K.," replied Sue.
"Do you suppose I have tuberculosis?"
"Oh, I wouldn't worry—but I would do what the letter says."
So with some anxiety Gwen reported to the health department for another x-ray.
"Why do I have to have another x-ray?" she inquired of the nurse who interviewed her.

"Because," said the nurse, "your first x-ray was 'suspicious' and it is necessary to make a larger x-ray for further study."

Besides having the large x-ray made, Gwen was given a tuberculin skin test and her temperature was taken. Two days after getting the second x-ray Gwen made an anxious call at the health department for her report. There she was informed the complete report on her x-ray findings would be turned over to her physician. (All persons getting an x-ray are asked to give the name of their private physician).

Then came the day when Gwen received a letter saying "the report of your recent x-ray has been sent to your private physician. Will you please see him as soon as possible."

There—at her doctor's office—Gwen was told—she may have tuberculosis.

Although events leading up to this had caused Gwen to wonder—the doctor's quiet statement was a shock! But several days later—after a thorough clinical, x-ray, and laboratory inves-

tigation had been made by her physician, she was assured that the diagnosis—minimal or early tuberculosis—was not as bad as it might seem.

For the doctor hastened to explain to Gwen that minimal or early tuberculosis was curable—that she was lucky the disease was discovered before it was too late.

"Can I really be cured?"

"Yes, Gwen," smiled the doctor.

"How can I be cured?"

"First, it will be necessary for you to go to bed for complete physical rest—as well as complete mental rest. The only place I know where you can do this is in a tuberculosis sanatorium. There are three such hospitals in the state. If you make up your mind to go and will stay there until the doctors tell you you are ready to come home—I feel certain that you will get well. The length of time you stay there will depend entirely upon how your condition responds to treatment. Ordinarily you must expect to remain in the hospital for at least six months."

"Will I be able to work?"

"We recommend, in cases like yours, that the disease be completely arrested—before a person returns to full-time work."

"How long will I have to rest after leaving the hospital?"

"If you leave the hospital as an arrested case, within a reasonable period of time, you can return to your full-time work. But —I believe you owe it to yourself to take a rest hour every day—in the middle of the day—if at all possible. The longer you do this, the better your chances are for staying well." . . .

Gwen agreed to enter the sanatorium where the events of her stay became a story in itself.

A person in Gwen's position with no family to consider, or outstanding financial obligations would be able to spend the necessary time to achieve a permanent arrest of tuberculosis. But to many wage earners discovered to have tuberculosis, a serious problem confronts them—that of supporting their families during the sometimes lengthy period they are without earning power.

One of the most important factors in the control of tuberculosis is adequate social assistance, particularly for the family of a wage earner, who must go to a sanatorium for a long period of time.

Very few individuals have enough financial resources to enable them to cease work for the time necessary to bring tuberculosis under control. That is one of the primary reasons why people leave hospitals against medical advice—financial difficulties at home.

In Florida there is no statewide general assistance program. The only funds distributed are: aid for dependent children grants, old age assistance for those over 65, and aid to the blind. These are provided through federal funds matched by a certain amount of state funds. Some counties have local grants for needy families.

One of the biggest needs, therefore, is for a well-regulated and adequate general assistance program, administered by the State Welfare Board. . . .

Gwen followed the doctor's orders at the sanatorium. She got plenty of rest, ate nourishing foods, and found that she responded quickly to the treatment. She was able to be dismissed as an arrested case of tuberculosis.

Now it's up to her to follow through with her doctor's advice —plenty of rest. By so doing she will be able to return to work —and then she can start planning to add another ring, third finger, left hand.

That's the story of Gwen, a girl who took advantage of the opportunity to have her chest x-rayed, followed through with hospital care when tuberculosis was found, and is now on the road to good health!

EARLY DISCOVERY

MEANS

EARLY RECOVERY

WHAT WILL YOUR STORY BE?

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Books available for loan
Starred (*) titles are technical and available to physicians only

American Hospital Association. Council on Professional Practice. THE MANAGEMENT OF TUBERCULOSIS IN GENERAL HOSPITALS.

Cady, Louise L. NURSING IN TUBERCULOSIS.

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*Hilleboe, Herman E. & Morgan, Russell H. MASS RADIOGRAPHY OF THE CHEST.

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*Lindberg, David Oscar Nathaniel. A MANUAL OF PULMONARY TUBERCULOSIS AND AN ATLAS OF THORACIC ROENTGENOLOGY.

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Moorman, Lewis J. TUBERCULOSIS AND GENIUS.

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Myers, J. Arthur. MAN'S GREATEST VICTORY OVER TUBERCULOSIS.

Pattison, Harry Archibald. REHABILITATION OF THE TUBERCULOUS.

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*Rafferty, Theodore Newell. ARTIFICIAL PNEUMOTHORAX IN PULMONARY TUBERCULOSIS.

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*Stone, Moses Jacob. THE DIAGNOSIS AND TREATMENT OF PULMONARY TUBERCULOSIS.

Trudeau, E. L. AUTOBIOGRAPHY.

Wilmer, Harry A. THE LIVES AND LOVES OF HUBER THE TUBER.

TUBERCULOSIS IN INDUSTRY: REPORT OF THE SYMPOSIUM HELD AT THE SARANAC LABORATORY FOR THE STUDY OF TUBERCULOSIS.

OUR OWN WHO'S WHO

Acting director of the Division of Health Information, Florida State Board of Health, is Miss Elizabeth Reed, R.N., who is at present on leave of absence attending Columbia University. She became acting director of the information division in January of this year following two and a half years as director of the Jacksonville Visiting Nurse Association.

Miss Reed is a native of Pensacola, has had varied experience in the fields of public health nursing and health education. During the war she spent two years in the Amazon Valley as public health consultant with the Institute of Inter-American Affairs. Prior to that time she was supervisor of nurses for the Escambia County Health Department and later was a distrist supervisor for the State Board of Health. She has also been very active in Florida State Nurses Association and served as president of that organization last year.

Miss Reed is a graduate of Pensacola Hospital Nursing School and did graduate work at Hunter College, St. Louis University and Teachers College of Columbia University.

"The Health of the people is really the foundation upon which all their happiness and all their Powers as a STATE depend."
—Disraeli (1877)

STATE OF FLORIDA